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MONITORING REPORT

BERKELEY "MEASURE O" SERVICE PROGRAMS

September 19, 1995

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Monitoring Report

Berkeley "Measure O" Service Programs

Prepared by:
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September 19, 1995

In November, 1994, the citizens of Berkeley voted in favor of Ballot Measure O, a measure intended to reduce problematic street behavior through a combination of services and sanctions for Berkeley's hard-to-serve street-goers. In December, the Berkeley City Council approved $442,500 for social and health services to serve the street-goers. These services were authorized for a seven-month trial period to help streetgoers move off the street into stable and safe living situations. Nine human service programs in Berkeley were contracted by the city to provide services from March 1, 1995, through September 30, 1995. Funds for program monitoring reported here ($26,500) were included in this appropriation.

A second feature of Measure O was an ordinance to restrict aggressive panhandling and other street behaviors that the city determined to be threatening to others. Review of the aggressive-panhandling ordinance and comment on its current status is beyond the scope of this monitoring project.

This Monitoring Report describes Measure O services provided by the nine programs during the seven-month trial period. The primary purpose of this report is to compare the services actually provided against expectations for service delivery described in each agency's contract with the city.

Underlying these comparisons are two questions: (a) are the special services funded by Measure O really helping street-goers work with their personal problems and find safe and stable living situations? and (b) are Measure O services effectively suppressing problematic street-behaviors?

This report cannot provide definitive answers to these two questions because no outcome data were collected for individuals, and because no comparisons have been made about whether street-behaviors in Berkeley are any more or less problematic than they were before Measure O services began. However, based on interpretation of the data we have collected to date, we are able to offer a conceptual model to help policy-makers understand how special Measure O services may be helping Berkeley's street-goer population.

Project monitoring for Measure O has included the following activities:

1. Familiarization with the nine service programs, including visits to the programs and monthly meetings with service program directors.

2. Collection of data on client utilization of the services according to the forms and protocols described in Appendix A.

3. Review of client participation in the program activities of the nine services provided with Measure O funds. This review includes comments by service program directors on the relationship of their Measure O service programs to the needs of homeless people and to the street-going population in Berkeley.

4. Development of a provisional definition of "hard-to-serve" clients for the Measure O programs, and a draft instrument to determine client satisfaction with the services received.

This report contains the following sections:

A. Description of services offered under Measure O funding.

B. Description of client utilization of Measure O services, including (1) comparisons to original contract objectives, (2) a provisional definition of "hard-to-serve" clients and (3) an instrument to determine client satisfaction with services.

C. Service providers' comments on the relationship of Measure O services to Berkeley's system of health and social services for street-goers.

D. Implications of the data from this monitoring project for continued development of services to Berkeley's street-goers.

Appendix A. Forms and protocols to collect data.

Appendix B. Supporting data.

A. Description of services offered under Measure O funding.

Note: the following description is based on recommendations by the city manager which were approved by the Berkeley City Council in December, 1994.

A.1. Multi Service Center (downtown).

Location: Veterans Memorial Building, 1931 Center Street.
Agency: BOSS/Catholic Worker.
Program: Multi-service and respite center services.
BOSS will coordinate social and health services.
Catholic Worker will provide respite services.

Specific services:
- o Intake (from downtown areas and by referrals).
- o Information, referral, and transportation.
- o Respite services (meals, laundry, showers storage, telephone/messages.
- o Health/mental health exams (by City and Alameda County Health Care for the Homeless).
- o Shelter Plus Care screening and assessment.

Capacity: 40-60 clients at any time.
Budget: FY 95 pilot program (seven months): $50,750.

A.2. Multi Service Center (Telegraph Avenue/campus).

Location: Trinity United Methodist Church, 2362 Bancroft Way.
Agency: Berkeley Emergency Food and Housing Project.
Program: Multi-service and respite center services.

Specific services:
- o Intake (from Telegraph/south campus, referrals).
- o Information, referral, and transportation.
- o Respite services (meals, laundry, showers storage, telephone/messages.
- o Health/mental health exams (by City and Alameda County Health Care for the Homeless).
- o Shelter Plus Care screening and assessment.

Capacity: 40-60 clients at any time.
Budget: FY 95 pilot program (seven months): $46,250.

A.3. Case management/payee center (women's services downtown)

Location: 2218 Acton Street.
Agency: Women's Daytime Drop-in Center.
Program: Daytime support for women and children.

Specific services:
- o Intake (from central/west Berkeley, referrals).
- o Information, referral, and transportation.
- o Assessment, support services, counseling, case management, payee/money management services.

- o Health/mental health exams (by City and Alameda County Health Care for the Homeless).
- o Shelter Plus Care screening and assessment.

Capacity: 16-20 clients at any time.
Budget: FY 95 pilot program (seven months): $11,675.

A.4. Case management/payee services (South Berkeley)

Location: 3234-38 Adeline Street.
Agency: Berkeley Drop-in Center.
Program: Daytime support for homeless, mentally disabled adults.

Specific services:
- o Intake (from Telegraph/south campus, referrals).
- o Information, referral, and transportation.
- o Assessment, support services, counseling, case management, payee/money management services.
- o Health/mental health exams (by City and Alameda County Health Care for the Homeless).
- o Shelter Plus Care screening and assessment.

Capacity: 50 clients at any time.
Budget: FY 95 pilot program (seven months): $11,675.

A.5. Representative Payee and Money Management Program

Location: Trinity United Methodist Church.
Agency: Berkeley Ecumencial Chaplaincy.
Program: Representative payee and money management.

Specific services:
- o Sign up with Social Security as representative payee for twenty persons.
- o Meet each payee twice each week to assess his/her financial need and use SSI or GA money to assist.
- o Help train rep. payees in the City of Berkeley, and set up system for receiving, disbursing, and accounting for money.

Capacity: 20 clients at any time.
Budget: FY 95 pilot program (seven months): $10,500.

A.6. Berkeley Guides/Ambassadors.

Location: Downtown Berkeley.
Agency: Berkeley Boosters.
Program: Street-outreach program for a five-block area along downtown Shattuck Avenue.

Specific services:
- o Greet citizens and visitors.
- o Make contact with business community.
- o Provide information and referrals.
- o Provide surveillance on problem-behavior.
- o Call police/EMT for emergency sevices.

Capacity: two-person patrols.
Budget: FY 95 pilot program (seven months): $101,250.

A.7. Acupuncture Detox.

Location: Berkeley Primary Care Access Clinic, Herrick Hospital.
Agency: Acupuncture Detox Clinic, BPCAC.
Program: Outpatient acupuncture detox and counseling.

Specific services:
- o Provide auricular acupuncture detox.
- o individual counseling for chemical dependency.
- o Develop linkages to other BPCAC services.
- o Liaise with city, neighbors.

Capacity: Up to 20 persons per session.
Budget: FY 95 pilot program (seven months): $57,500.

A.8. Detoxification and residential treamtment (social model).

Location: Several facilities in Contra Costa and Alameda Counties.
Agency: Bi-Bett Corporation.
Program: Detoxification and residential treatment service program.

Specific services:
- o Accept and transport detox referrals.
- o Provide social-model residential recovery program.
- o Provide sober living residences.
- o Liaise with Berkeley Homeless Outreach Team..

Capacity: Contract for 1,456 bed-days (6-12 individuals per week)
Budget: FY 95 pilot program (16 months: 3/1/95 - 6/30/96): $66,650.

A.9. Voucher program.

Location: Business sections of Berkeley.
Agency: Berkeley Cares Donation and Poster Program.
Program: Voucher system to convert donations into scrip for homeless people to buy food, other essentials.

Specific services:
- o Expand locations of collection boxes.
- o Build public awareness of program.
- o Create volunteer group to continue program.
- o Build merchant participation.

Capacity: Place 100 additional collections boxes during trial.
Budget: FY 94-95 pilot program (seven months): $56,250.

B. Description of client utilization of Measure O services, including provisional definition of "hard-to-serve" clients and an instrument to determine client satisfaction with services.

B.1. Client Contacts (volume).

See Tables B.1. and Graphs B.1. for Berkeley Drop-in Center, Ecumenical Program, Women's Daytime Drop-in, Accupuncture, Berkeley Emergency Food Project. A "contact-day" reported here refers to contact with one client at least once during the day. Multiple visits by one individual in a day are counted as one contact-day.

Berkeley Drop-in Center. The Measure O contract estimated 50 additional clients per week would be seen in the Drop-in Center. The average rate of about 400 client contact-days per week suggests that additional contact-days could well have occurred each week, but we have no way of knowing whether contact-days increased specifically due to the start of Measure O services since we could not collect data immediately prior to the start.

The Drop-in Center reported 9,438 contact-days with 2,099 unduplicated clients for five and one-half months from March 1, 1995, through August 15, 1995. The ratio of contact-days to unduplicated clients during the period of Measure O services is 4.50, suggesting an average of about 88 unduplicated client contacts per week. These figures may be compared to the Drop-in Center's FY 94 report of 1,048 unduplicated client contacts for FY 94, for an average of about 20 contacts per week.

The Drop-in Center thus appears to have quadrupled its rate of unduplicated client contacts from FY 94 compared to the period from March 1 through August 15, 1995. These figures strongly suggest that the additional day of services provided by Measure O funds resulted in increased volumes of service. The move to more accessible, more attractive quarters on Adeline Street probably was an additional factor that probably contributed to the apparent increase in contacts.

Berkeley Ecumenical Chaplaincy. The Measure O contract for this representative payee money-management program estimated that the Chaplaincy would sign up 20 persons during the course of this pilot project and would meet with each payee at least twice each week. Contact reports show that an average of about 190 contacts per month with an average of 26 individuals, or between seven and eight contacts per individual per month. This exceeds the contract standard of meeting with each of 20 clients twice per week.

Berkeley Emergency Food and Housing Project. The Measure O contract for this multi-service counseling, case-mangement and referral program anticipated 35 new client contacts per month for a total of 245 clients during the trial period. An estimated 140 contacts were to be made with enrolled clients each month. New intake contacts actually are exceeding an average of ten per week, or more than 40 per month. Continuing contacts (Total Contacts less New Intakes) average about 40 per week, or 160 per month. These figures exceed contract expectations of 35 new intakes and 140 continuing contacts.

BPCAC Acupuncture Detox. The Berkeley Measure O contract for this new service anticipated an increasing number of clients over the trial period as the program took hold. In the City Manager's November, 1994, description of the program, an estimated 40-60 clients are indicated to be participating in the program on any given day. However, the contract scope of work was not specific about actual numbers of clients to be served.

Actual utilization rates show a steadily-increasing clientele with no sign of slowing at the end of the trial period. The number of unduplicated individuals averaged about 90 per month in June and July, averaging slightly more than four contacts per individual.

The Acupuncture Detox program is designed especially to reach hard-to-reach people with chronic drinking and drug problems. About 30 percent of referrals come from agencies with special alcohol and drug programs; about half of these are from a residential treatment and recovery program (New Bridge). Acupuncture Detox program staff report that one unexpected advantage is the increase in the number of clients who will accept referrals to the detox program's parent Berkeley Primary Care Access Clinic. Staff report that difficult-to-serve participants are now accepting referrals through Acupuncture Detox that they had previously refused.

Women's Daytime Drop-in Center. The Measure O contract for this multi-service case management program for women anticipated five new clients per month (up to 15 case-management clients at any one time) for a total of 35 new clients over the trial period. In addition, the Drop-in Center provides a warm and safe environment where women can spend time. The reported number of unduplicated individuals averages over 100 per month, and averages between three and four contacts per individual.

Case-management contacts are imbedded within these contacts, and are not easy to break out. Client Profiles for this program show relatively high numbers of referrals and other service activities for most of the women, suggesting that the contacts are rich in support. Additionally, the number of unduplicated individuals has risen over the last two months, and the number of contacts has steadily increased since the start of the trial period. The Women's Daytime Drop-in Center appears to be meeting its service goals easily.

B.2. Census reports (demography).

Census information was well-reported by only three programs (Berkeley Drop-in Center, Women's Daytime Drop-in, and the Acupuncture Detox program). Data from the Client Profiles provides more extensive coverage across all programs, and is therefore used here as the basis for the demographic analysis. Census information analysis will be reported later back to the three participating programs.

B.3. Client Profiles (participant demographic information, client characteristics, and special needs).

Demographic information. Demographic information is drawn from Client Profile interviews in Women's Daytime Drop-in, Acupuncture, Ecumenical Chaplaincy, Berkley Drop-in, and Homeless Outreach. See Tables B.3.

(a) Gender. Approximately half of the participants are male, half are female (except for Women's Daytime Drop-in). See Table B.3.1.1.

(b) Ethnicity. Over 75 percent of participants are African-American. Most of the reset of the participants are Causcasian; Asians, Hispanics and others constitute a small minority. See Table B.3.1.2.

(c) Education. Modal education is high-school graduate or GED. A large number of post-secondary graduates are included; fifteen percent are graduates of two-year or four-year colleges. See Table B.3.1.3.

(d) Age. Modal age is 31-40, followed by 41-50. The average age of participants in Measure O programs is considerably higher that the average age of the general population. See Table B.3.1.4.

(e) Client time in area. Over 80 percent of participants in Measure O programs have lived in the Berkeley area for more than six months. See Table B.3.1.5.

Client special needs. See Tables B.3.3. - B.3.6.

(a) Alcohol and drug problems represent 35 percent of all special needs recorded in client profiles. About 50 percent of clients reported alcohol/drug problems (147 out of 295 individuals responding to Client Profile disability questions).

(b) Mental disabilty represents 21 percent of all special needs recorded in client profiles. About 32 percent of clients reported mental disabilities (93 out of 295 individuals).

(c) Physical or intellectual disability represents 13 percent of all special needs recorded in client profiles. About 28 percent of clients reported physical disabilities (83 out of 295 individuals).

(d) In the **Women's Daytime Drop-in Center** (for women only) the largest category of needs (23 percent) is women in abusive relationships.

(e) Relative levels of special needs for men and women are the same except for the category of abusive relationships, which is exclusively female.

(f) Multiple problems. One half of the participants report a single problem; one half report two or more. The most frequently reported problem is alcohol dependence (39 percent), followed by other drug dependence (33 percent), followed by mental disability (27 percent).

(g) Housing status. Clients who fill out the Client Profile form are likely to report living in an apartment or living with someone else. Few clients report themselves as being homeless, though many may be precariously housed in situations that result in frequent moves and episodic uses of shelters. See Tables B.3.7. - B.3.10.

B.4. Referrals from all sources; referrals to other services.

See Tables B.4.1. - B.4.10. The total of 633 referral sources, which includes 322 into the Measure O programs, and 311 to other services from the Measure O programs, is drawn from Client Profile questionnaires reported by four services: Berkeley Drop-in, Ecumenical Program, Women's Daytime Drop-in, Acupuncture.

Referrals into Measure O programs from all sources.

Total number of referrals from all sources	322 (100%)
Referrals from friends and self-referral	118 (37%)
Referrals from other Measure O programs	81 (25%)
Referrals from other Berkeley programs	60 (19%)
Refeffals from all other sources	63 (19%)

This pattern of referrals shows that word-of-mouth and the street are the greatest source of referrals, followed by Measure O programs referrals to each other. Less than one referral in five came from sources outside the city (most were from Oakland), suggesting that Measure O programs are essentially local in nature. It is interesting to note that the Berkeley Guides program is directly credited with just one referral.

Referrals out of Measure O programs to other services.

Total number of referrals to other services	311 (100%)
Referrals to outpatient facilities	104 (33%)
Referrals to medical care facilities	62 (19%)
Referrals to shelters	85 (26%)
Referrals to permanent/transitional housing	55 (17%)
Referrals to residential AOD treatment	16 (05%)

This pattern of referrals appears to reflect the paucity of residential alcohol and drug treatment resources, given comments by the directors of Measure O programs and the percentages of Client Profile respondents who report alcohol and other drug problems. The relative paucity of transitional and permanent housing is also indicated by these referral patterns.

Referrals to programs inside Berkeley	245 (76%)
Referrals to programs outside Berkeley	77 (24%)

Three-quarters of the referrals from Measure O services are to programs within Berkeley.

B.5. Berkeley Guides.

Operations of the Berkeley Guides program are shown in the accompanying charts (see Graphs B.5.1. - B.5.5.). This high-visibility "ambassador" street-work program was intended both to improve the city's responses to problematic street behavior and to assist people in difficulty to obtain immediate assistance. Basic figures for this project's data-collection period (April 1 through August 15) are as follows:

Type of contact	Number of episodes
Total citizen contacts	6,555
Total business contacts	6.439
Referrals to helping agencies	778
Attention to aggressive activity	396
Alcohol-drug/mental disability (ADM problems)	195
Calls for service to police, EMT, etc.	100

The business and citizen contacts are "greeting" type activities, which almost always include handing out a pamphlet explaining the Guides program. High visibility is a major element of this program; friendly contacts with large numbers of people are as important as the Guides' light-blue jackets, deliberately chosen to suggest the Guides program's close contact with the Berkeley Police Department.

Note the week-by-week graphs for response to aggressive behavior and to ADM problems. The decline of these problematic street-behaviors during the first two months of the program is particularly noteworthy. Note also the small but steady number of calls for service to police-fire-ambulance-mobile crisis team. The discussion section of this report offers a model to explain how the Berkeley Guides function effectively to discourage problematic street behavior.

Referrals to helping agencies average about 52 per week or a little more than seven per day. Should the figure be considered low, about right, or high? The discussion section also explores the magnitude of this figure.

B.6. Bi-Bett Corporation.

The Measure O contract with Bi-Bett Corporation is for detoxification and residential recovery services in a social-model program. These services are activated by a referral from the City of Berkeley's Homeless Outreach Team. A total of 1,456 bed-nights (client days) are contracted for a 16 month period, March 1, 1995, through June 30, 1996. As of the end of July, 28 clients had been served, fourteen of them placed out of the residential recovery program. An additional ten were referred to other treatment facilities.

A total of 565 days of the 1,456 have been used (39 percent of the contract) as of the end of July (five months of a 16-month contract, or 31 percent of the time of the contract). This represents performance slightly ahead of projections.

B.7. Berkeley Cares.

As of September 15, 1995, Berkeley Cares had placed twenty-six of 50 boxes (52 percent) contracted to be placed during the demonstration period.

B.8. Veterans Multi-Agency Service Center.

The MASC is expected to open in September, 1995. Project monitoring protocols can be applied to the Measure O programs once they begin operating on the site.

B.9. Provisional description of "hard-to-serve" clients.

Directors of service programs were asked to recommend definitions of what they meant by "hard to serve" clients in reference to their own programs. Six service directors responded as follows:

(a) Hard-to-serve clients require services for multiple chronic problems. People with chronic and severe health problems and alcohol/drug problems or dual-diagnosis problems were identified by three of six providers as particularly difficult to serve.

(b) Hard-to-serve clients lack resources to participate in service programs. Two directors identified hard-to-serve clients as those without money, friends, or family support networks. These clients lack the resources and often lack energy (health) to participate actively in service programs.

(c) Hard-to-serve clients need service that is not available. Three of the directors preferred to define "hard-to-serve" in terms of the system rather than the client. These directors argued that the real difficulties involve finding out how best to meet the client's needs in a society where resources keep shrinking.

(d) Hard-to-serve clients do not want to be served. Three directors defined "hard-to-serve" clients as those who do not use services, do not want or refuse services, and isolate themselves from contact with others. This group includes individuals with troubled family or personal histories or personal characteristics that place unusual demands on the staff of Measure O programs.

Homelessness and poverty usually exacerbate clients' problems in all four of the above dimensions, and therefore contribute significantly to the definition of "hard to serve" clients in each of the above categories.

B.10. Draft client satisfaction survey.

Client satisfaction with services is seen in the way clients "vote with their feet." The above figures on client utilization for Measure O services offer one example. Clients who return to the service and spent time there, and who spread the word among their friends that the service is useful, are constructing their own satisfaction survey.

Service providers often want more systematic feedback to better plan their services. One approach is to use simple check-off cards that will require little effort to fill out. Special 5" x 8" cards could be made for each agency, or for specific agency service programs. The agency name or program name would be stamped and coded on the back of the card.

Each card should contain the following items:

(a) Checkoffs for gender/age/ethnicity

(b) Specific consumer responses: Is the client (1) very unsatisfied; (2) Somewhat unsatisfied; (3) Neither satisfied nor dissastified; (4) Somewhat satisfed; (5) Very satisfied, for the particular service that has been received?

- o Timeliness of the service.
- o Responsiveness of the counselor or staff person.
- o Respect and personal treatment.
- o Usefulness of the information/skills imparted to the client.

(c) An overall expression of attractiveness of the service to the consumer: (1) Strongly agree; (2) Somewhat agree; (3) Neither agree nor disagree; (4) Somewhat disagree; (5) Strongly disagree.

- o I'd come back here again.
- o I'd recommend this place to my friends .

(d) The card should be filled out anonymously after the program session, and left with the program following the event.

C. Service providers' comments on the relationship of Measure O services to Berkeley's system of health and social services for street-goers.

Directors of programs participating in Measure O were asked to comment on gaps and strengths on specific aspects of Berkeley's system of services for homeless people and street-goers. Below are the responses of five directors from the Measure O programs which provided one-to-one counseling and referral services to streeg-goers:

Housing services. The lack of affordable housing was identified by all five directors as the greatest gap in Berkeley's system of services for very low-income and homeless people. All five directors agreed that lack of appropriate housing was a major barrier to homeless clients' effective participation in social and health service programs. Three of the five directors identified a need for transitional housing. One director believed more SRO-type housing was needed for homeless singles.

Alcohol and drug services. Four directors identified a need for AOD services in Berkeley proper. Two wanted detox beds; two wanted more accessible outpatient services; one director wanted special AOD programs for women and for the dual-diagnosed; and one identified the lack of AOD services as the single biggest problem in providing services to homeless people.

Health care/AIDS services. Three of the five directors identified problems with long waits for service and difficulty finding health care services for indigent clients. Two directors identified the need for hospices and additional services for people with HIV/AIDs.

Mental health services. Two directors gave high marks to Berkeley's mental health services. One director complained about the long wait for services.

Entitlement income. Four directors deplored the impending loss of income, one noting that clients of Berkeley services had already become more "desperate" and one noting that referral linkages were becoming much more difficult to maintain.

In summary, the greatest service gaps identified by the program directors were affordable housing and treatment/recovery programs for alcohol and other drug problems.

D. Implications of monitoring project data for continued development of services to Berkeley's street-goers.

The following observations are offered to assist continued planning for services to Berkeley's street-goers. These observations are based on an analysis of our monitoring data, and in reference to current theories and experiences with providing services for the city's street-going population.

A general model for social and health services to serve Berkeley's street-goers. Although it has not been made fully explicit, the city appears to hold an implicit model of the connection between Measure O's proposed combination of sanctions and services:

> "Two strong principles run through [the City Council recommendations that resulted in Measure O]: no one should ever be harrassed, threatened, or intimidated in Berkeley's public places; and no one should lack the job or social services or connection to the community [the absence of which would] promote harrassing, threatening, or intimidating behavior." (Mayor's report to City Council, June 14, 1994).

This view holds that a combination of heightened enforcement and increased social and health service programs act together as a double incentive to encourage street-goers to abandon problem-behavior and seek social and health services. This might be called the "carrot and stick" model.

A review of this project's monitoring data suggests that an alternate perspective should be considered. Rather than assume a connection between sanctions and services, perhaps sanctions and services in fact have only weak connections to each other. It appears that two models are operating relatively independently, which might be called the Interdiction Model and the Essential Services Model.

The Interdiction Model for problematic street behavior. The problematic street behavior of concern to the city involves aggressive activity, assault, and self-destructive behaviors that are likely to cause personal injury, harm to one's self, and/or property loss, if intervention into the troublesome behavior does not occur. An effective public policy response is through prevention and interdiction -- not letting the behavior happen in the first place, and intervening quickly to interdict it (stop it) when it does occur.

The Essential Support Model for Berkeley street-goers. The "essential support" model for Measure O services holds that services are necessary to help individuals living close to the edge of poverty and homelessness avoid becoming part of the problematic street-goer population. Even if they are not currently active street-goers, a significant percentage are likely to enter and exit homelessness during the year.

Street-goers in Berkeley and other cities have problems meeting their own basic needs for subsistence and shelter, protection, and human contact. Filling these basic needs generally precedes efforts to obtain adequate income, respect, work, good health, and personal well-being (for example, see A. Maslow, 1962, Toward a Psychology of Being). An effective public policy response is to provide essential supports for the person's basic needs for housing, subsistence, and income. This base protects the vulnerable individual from harm, and provides a platform for additional social and health services and economic opportunities that encourage the individual to take additional steps to improve his or her life.

Successful achievement of these additional steps depends both upon the capabilities of the individual, and upon the quality of support available from the community's helping environment. Some individuals can do a lot with a little support; others will require a lot of support simply to survive.

The helping environment includes both people and settings. The people who help include paid staff, peers such as recovering addicts who share their life experiences, volunteers, and a sympathetic public. The settings include appropriate housing, such as sober housing for individuals in addiction recovery programs or housing with child-care for single parents, community environments free of drugs and the excessive availability of alcohol, and access to community institutions that help restore social, economic, psychological and physical health, such as schools, clinics, and workplaces.

Our review of the monitoring data suggests that Measure O funds are providing support for both the Interdiction Model and the Essential Support Model.

D.1. The Interdiction Model at work: The Berkeley Guides program.

The Berkeley Guides program appears to be interdicting problematic street behaviors. Tables B.5.2. and B.5.3. show a sharp decrease in Guides encounters with aggressive behaviors and alcohol, drug, and mental health problems (ADM problems) respectively. Figures for the nineteen-week study period show that by the fourth week encounters with ADM problems had attenuated, and by the seventh week encounters with aggressive activities had attenuated.

Berkeley Guides maintained relatively uniform levels of contact with the public and with local businesses throughout the study period (Table B.5.1.). That is, the Guides levels of patrolling and staff assignment to the Shattuck Avenue service area remained relatively constant, and business contacts remained uniform. Additionally, calls for service to police - fire - ambulance - Mobile Crisis remained relatively steady throughout the study period (the high rates of police-calls during the first three weeks include a learning-curve as Guides staff learned whether to call police, fire/ambulance, or Mobil Crisis; see B.5.5.). Referrals of individuals to helping resources also appear steady (reliable figures are available only for the last nine weeks; see B.5.4.).

From the steady stream of Guides contacts, calls-for-service, and referral activity, we conclude that the Guides have established themselves as a known presence in their service area. This is important, since the Guides program wants to establish high visibility with merchants, the public (especially tourists and visitors to the city), and with street-goers.

We believe the Guides interdict problem-behavior by observing it in its early stages, and intervening authoritatively either by asking whether the Guides can be of service or, where clearly threatening behavior is involved, admonishing the party(ies) to stop. Back-up support is called promptly if the situation is not resolved satisfactorily. After a few weeks of testing whether the Guides could deliver the back-up support, those engaged in problematic behavior found that the police did in fact come within minutes. The Berkeley Police Department was heavily involved in initial planning for the Guides project and continues to provide training and to coordinate patrol activities.

Having demonstrated that they are immediately available when needed, backup services now are called by the Guides only a few times a week. The Berkeley Guides program thus provides an important "early-warning" function that did not exist previously, and has greatly shortened response times for backup services. Previously, citizens or merchants who observed problematic behavior had to request police through a telephone call or 911 call, which was routed to a police dispatcher, who called for officers whose response-time varied based on their current workload. This process took so long that it had little deterrent value, and problematic incidents could develop into highly-visible disruptions and complicated situations.

The Berkeley Guides thus appear to be providing a new service to interdict problematic street behavior before or as it occurs. The Guides program may be viewed as a form of prevention through continuous community surveillance dedicated to reduction of crime and disruptive activities, consistent with the "defensible space" theories of Oscar Newman and others. Additionally, the rapid-response and preventive-response features of the Guides program may be viewed as a form of community care-taking that avoids the "broken window" syndrome, noted by James Q. Wilson, which holds that communities in obvious states of neglect and disrepair invite predatory activity and criminal behavior.

The Guides program, although it appears promising, is far from a panacea. Several points should be kept in mind regarding its limitations.

(1) It is not clear what interdiction of problematic street behavior in a small service area means for other parts of the community. We do not know at this point whether problem-behavior is displaced to some other location, or whether it is extinguished. Strong arguments can be made for both cases; answers require thorough observations of the policy in operation.

(2) It is not clear whether the Guides program has actually reduced the incidence of problems with street-behavior in the downtown area, since the monitoring project has no comparative standard against which to measure the effect of the Guides program. For example, we do not know whether the number of incidents reported to police has actually declined, or whether the Guides have simply taken over reporting duties from merchants and the public. Additionally, we have no information at this time to indicate how qualitative perceptions of problematic street-behavior have changed, if at all.

(3) The Guides can only be persuasive regarding certain objectionable street behavior for which arrests cannot be made because of first amendment rights. For example, inebriated people have certain rights to be on the street if they are not underaged, not actively drinking, are minding their own business, and are not clearly a danger to themselves or others.

The extent of the Guides' capacity to address troublesome behavior, in contrast to threatening or dangerous behavior, is not clear. Without the ability to apply sanctions, such capacity seems as much a matter of the availability and attractiveness of appropriate referral resources as a matter of the persuasiveness of the person making the referral.

Therefore the Guides cannot be held solely accountable for whether they have "low" or "high" rates of encouraging street-goers to go to helping facilities. The opening of the Veterans Multi-Agency Service Center close to downtown Berkeley may result in dramatic increases in acceptance of referrals simply because it is close by and its programs are tailored to meet street-goers' needs. For the most part, street-goers are residents of Berkeley who probably have a pretty good idea of what services are available, and who often use health and social services more on their own initiative than at the urging of others. The power of a Berkeley Guides referral actually to cause a client to choose a service may therefore be limited.

D.2. The "essential support model" at work: How do Measure O-funded direct services help their clients avoid becoming part of the problematic street-goer population?

Six of the nine Measure O services currently provide social and health services directly to individuals targeted by Measure O. These services are provided currently by Berkeley Drop-in; Women's Daytime Drop-in Center; Acupuncture Detox; Berkeley Emergency Food and Housing Project; Berkeley Ecumenical Chaplaincy; and Bi-Bett Corporation. The Veterans Building Multi-Agency Service Center is due to begin providing service in mid-September.

Altogether, these seven services provide the following essential supports: three programs meet immediate needs for shelter, food, respite, and access to urgent-care services and benefits; one program provides sobering services and referrals for futher treatment of alcohol and other drug problems; four programs provide case-management and representative payee services; and one program provides residential recovery services that include detox services and access to sober housing.

Programs of these types generally do help people get off or stay off the street. The questions here are whether (a) the Measure O programs are helping avoid problematic street-behaviors and are reducing homelessness among those who participate in these programs; and (b) whether a system of additional social and health services is available to help clients move upward, rather than become locked indefinitely into basic support services without hope of significant improvement.

(a) Are Measure O-funded services helping prevent homelessness and problematic street-behaviors? The basic services funded by Measure O appear to help many clients avoid homelessness and to help clients spend time off the streets. About 45 percent of service recipients in Measure O programs have incomes less than $400.00 per month total, and housing status is precarious for most of these recipients. Less than one-half of clients report they are living in conventional accommodations (house, apartment, efficiency or SRO). The "recent housing" table for clients by gender (Table B. 3.8.1.) shows the precarious housing status of many Measure O service recipients: For men, 87 of 183 (48 percent) program participants reported living in conventional accommodations. For women, 37 of 96 (39 percent) reported living in conventional accommodations. The clients' hold on conventional accommodations may be unstable, leading to frequent moves to other accommodations or episodes of homelessness.

One-half of clients report they have alcohol and other drug problems, 22 percent report mental disabilities, and nine percent report both alcohol/drug problems and mental disabilities. Individuals in the latter group who lack access to services and to supportive housing are particularly at risk for becoming homeless and for behaving inappropriately in public.

Eight percent of the clients (226 individuals) served by Measure O programs during the monitoring period averaged one contact-day or more per week over the nineteen-week period of data collection. These 226 individuals accounted for 57 percent of all contact-days (8,637 of 15,122 contacts). In round numbers, approximately 10 percent of Measure O clients used approximately 60 percent of the Measure O services available for direct service contacts.

The rapid rise in utilization of Measure O's direct services suggests that "customers were waiting for the doors to open." The continuing high contact-rates suggest that the services are continuing to meet the customers' needs. Four programs that added Measure O-funded activities to ongoing programs (Berkeley Drop-in; Women's Daytime Drop-in; Berkeley Emergency Food Project; Bi-Bett Corporation) appeared to increase their service utilization rapidly and to maintain utilization at or above projected rates here (see Tables B.1.5.1, B.1.5.3., and B.1.5.5.). The two new services (Ecumencial Chaplaincy's money management and Berkeley Primary Care Access Clinic's acupuncture detox) both made fast start-ups. The money-mangagement program soon reached full operating capacity (Table B.1.5.2.). The acupuncture detox program continued to grow in popularity, maintaining a steady upward movement in utilization through the entire data collection period (Table B.1.5.4.).

Individuals in poverty who have multiple problems are at high risk for becoming homeless unless they are actively engaged in the service-system and/or are living in housing with special supports. Many of these individuals currently receiving Measure O services might become more problematic street-goers without these services. These individuals would appear visibly in distress and unable to care for themselves, rather than dangerous to others. Most heavy users of Measure O services are unlikely to engage in aggressive street-behavior, since Measure O clients tend to be older, are as likely to be women as men, and tend to have some combination of alcohol/drug problems, mental disabilities, and physical ailments. This profile suggests vulnerability rather than violence. These street-goers may elicit empathy, outrage, and disgust, but only rarely will prompt fear for one's immediate personal safety.

Measure O service providers report that their programs do have contacts with aggressive hard-to-serve clients (see the fourth definition of "hard-to-serve" under B.9.d. above). Measure O services assist aggressive street-goers on a voluntary basis. Techniques of outreach, engagement, and personal support, developed originally in the mental health field, are useful for reaching aggressive hard-to-serve individuals from a variety of situations. These techniques require extended periods of contact with the client, sometimes on the street in the client's milieu, to establish rapport leading to the individual's voluntary participation in social and health service programs, and to the acceptance of supported housing.

The few individuals who persist in assualtive and dangerous behavior despite voluntary outreach efforts generally cannot be served by the Measure O-funded programs or their parent organizations, which lack secure facilities and authority to hold individuals against their will. Persistently problematic individuals can be served through county health/mental health facilities and through the justice system.

Monitoring data are not being collected at a level of detail sufficient to identify specific processes and mechanisms by which participants in Measure O programs become homeless or engage in problematic street-behavior. Information about paths into and out of homelessness, as well as information about experiences living on the street, violent behavior, and contact with the justice system, could be obtained by adding questions to the Client Profile questionnaire, or by constructing a supplemental questionnaire. Either way, the additional questions could be perceived as intrusive, and so would require special procedures and training for their administration to protect client rights and feelings.

In summary, a review of Measure O services utilization data suggests that essential services provided through Measure O funding probably are helping many clients with multiple needs and few resources avoid episodes of homelessness and housing instability that they otherwise would experience. The capacity of Measure O services to reduce problematic street-behavior by working with clients individually depends on the service's ability to engage the client to participate on a voluntary basis. The monitoring project has not collected data systematically to describe Measure O services' engagement activities.

(b) Is a system of additional social and health services available to help clients move away from continued dependence on basic support services?

Monitoring data and comments by Measure O service providers suggest that homeless and very low-income cients with alcohol and drug problems and mental disabilties require a *system* of services to provide effective programs for ADM treatment, recovery, and rehabilitation. These clients comprise more than three-quarters of 800 clients who were interviewed for this monitoring project, and who are receiving intensive service contacts under Measure O support. Additional alcohol, drug, and mental health (ADM) services are needed to help these ADM clients move beyond dependence on the basic subsistence services they currently receive.

Berkeley has an impressive array of shelter and drop-in services, outpatient counseling, and day-program services that are heavily used by homeless and very low-income people with ADM problems. However, findings of this monitoring project suggest that Berkeley lacks a comprehensive system of services for this population. Measure O service providers have identified the following elements to be added to Berkeley's system of services for homeless people with ADM problems: Residential treatment and recovery facilities; affordable housing; detoxification services; and greater controls on alcohol availability.

(1) Residential treatment/recovery services. Residential treatment and recovery services with on-site counseling and education help clients with AOD problems stabilize and re-learn life in the conventional world. Lengths-of-stay of a year or more are typical for program participants with severe ADM problems who have been homeless for more than a year.

The Measure O contract with Bi-Bett Corporation illustrates the need for extended stays in residential treatment/recovery programs that provide detoxification, residential recovery, and sober housing. Operating at full capacity, Bi-Bett has provided direct services to 28 individuals over the past seven months, fourteen of whom are still in Bi-Bett's residential recovery program. Recovery from a long period of street-life drinking and drug-use; Bi-Bett's figures help explain why Berkeley and Alameda County lack sufficient residential treatment beds for homeless people with ADM problems.

The meager availability of residential recovery beds helps explain why Measure O program referrals to residential treatment totalled just sixteen referrals in a five and one-half month period of service to several hundred people (p. 8). These beds do not need to be located in Berkeley to serve Berkeley residents; a fresh analysis is in order to determine the number of residential treatment/recovery beds needed in Alameda County for low/no-income county residents with ADM problems.

(2) Affordable housing. Measure O service providers identified lack of affordable housing as the single greatest gap they face in the system of services in Berkeley. More than one-half of the Measure O clients are not housed in conventional accommodations; many of those that are housed in conventional accommodations probably are precariously housed. Yet the client referral patterns reported above (p. 8) show just 55 referrals were made to permanent or transitional housing. These low referral rates indicate a major shortfall in the availability of affordable, appropriate housing.

Service providers and planners in Berkeley and elsewhere argue that the value of community services for homeless people with ADM problems cannot be fully realized unless the services are part of a system that includes supported housing sufficient to accommodate all participating clients. A recent national conference on the subject of services to homeless people with ADM problems underscored the need for appropriate housing at all levels of a service system (See "Co-Occurring Mental Health and Substance Use Disorders: Emerging Models of Integrated Treatment for Persons Who Are Homeless," working papers and bibliography for a conference

sponsored by USDHHS, SAMSHA, Center for Mental Health Services and Center for Substance Abuse Treatment; Arlington, VA, September 13-15, 1995).

One important aspect of affordable housing is alcohol and drug free housing, or sober housing (Note: ADF housing, sober housing, clean-and-sober housing, and housing for people with ADM problems (ADM housing) are synonymous terms). At present, neither Berkeley city agencies nor community-based service provider organizations have any way to assure that ADF housing is genuinely clean and sober. As a result, too often nominally sober housing is not reliably alcohol and drug free.

Reliable sober housing is in short supply both in Berkeley and in Alameda County. An analysis done for an Alameda County Supportive Housing Program application to HUD three years ago determined that approximately 270 more sober-living beds were needed in the county to absorb very low-income graduates from the few residential treatment and recovery facilites then available. Long lengths of time to gain admission to residential AOD treatment facilities, measured in months, were paralleled by difficulty in finding affordable sober residences for successful graduates of the facilites. As for residential treatment facilities, a fresh analysis is in order to determine the demand for affordable sober housing in Berkeley and in Alameda County.

Federally-funded demonstration grant programs that have investigated ADF housing have found that it assists low-income, formerly-homeless recovering people to continue recovery successfully without relapse or with fewer relapses. A study of twenty-two federally-funded demonstration grant programs has led to recommendations for a community-wide system for development of ADF housing. These recommendations address the needs of the full range of needs for the community's homeless and very low-income participants in ADM treatment/recovery programs (See F. Wittman, Affordable housing for people with alcohol and other drug problems, Contemporary Drug Problems, Fall, 1993, pp. 541-609.).

(3) Sobering stations and detoxification programs. Measure O has provided Berkeley an interim sobering station in the Acupuncture Detox program. This modest program may be able to serve Berkeley's needs for community-level sobering services; or it may lead to establishment of an expanded sobering station and detoxification program. Sobering stations provide a safe setting in which inebriates can sleep off a drunk over a period of hours, then go on their way. Although the two terms are often used synonympously, a distinction should be made between sobering-up, and detoxification programs that operate over a period of days to help inebriates and drug users through AOD withdrawal, during which the inebriate's system eliminates all alcohol and drugs. This is often an upsetting and painful process for chronic drinkers and drug users, and requires specially-trained staff. Full detoxification usually precedes entry into a treatment or recovery program.

Communities such as Escondido, San Diego, Pasadena, and Los Angeles have established sobering facilities which serve public inebriates and intoxicated drug-users who do not require urgent medical attention. Non-medical detoxification services have been found acceptable for 95 percent of episodes of public intoxication.

The value of sobering stations is threefold: (1) to provide immediately-accessible protection and support for inebriates; (2) to reduce police and emergency personnel time transporting inebriates to remote or inappropriate facilities such as Highland Hospital or jail; and (3) to reduce the presence of inebriates in public places.

Observers are divided on the question whether sobering stations are useful for encouraging inebriates to enter treatment programs. Some community programs that are targeted specifically toward street-goers with serious drinking problems, such as Salinas' Swinging Door/Sun Street Center program, have operated successfully for twenty years without a sobering station. These

programs argue that since detoxification is at base a biological and psychological process in the individual, not a special treatment program, detoxification could occur as a first stage of entering a residential recovery program.

Experiences operating the new Multi-Agency Agency Service Center soon to open in September at the Veterans Building will help determine Berkeley's need for a sobering station and detoxification services. Acupuncture Detox may need to expand, or stepped-up referrals by the Berkeley Guides and others may call for the opening of an additional sobering station at MASC. MASC/Veterans Building may be able to function similarly to Salinas' Swinging Door, which provided a place for people to sober up without providing any special facilities or programs for the purpose.

(4) Reductions in the availability of alcohol and drugs. A final consideration in planning Berkeley's service continuum for people with alcohol and drug problems is limitation of the commercial availability of these substances, particularly alcoholic beverages. Berkeley is taking appropriate action in this regard. The Berkeley city manager does have a comprehensive policy, dated July, 1995, to propose to city council for approval later this Fall. City policy for reducing problematic availability of alcohol and other drugs to street-goers, specifically reducing or eliminating the off-sale of fortified wines and malt liquours, is under consideration.

(5) Services and supports for people with mental disabilities, and with both mental disabilties and alcohol and drug problems. The basic service issues that apply to homeless people with alcohol and drug problems also apply to homeless people with mental disabilities: Stable housing is the rock upon which successful use of other social and health services is built.

The subject of housing for people with both alcohol-drug problems and mental disabilities (people who are "dually diagnosed") calls for special discussion beyond the scope of this monitoring project. Two conflicting approaches are active. The first approach emphasizes sobriety as an immediate goal that must precede treatment for mental disabilities. The alternate approach emphasizes development of a therapeutic relationship between the counselor and the program participant to assist the participant to stop drinking as part of a larger treatment program. These two approaches need to be analyzed for their value to Berkeley's policies for helping homeless people with ADM problems. Bonita House in Berkeley is nationally recognized for its work in the area of services to dually-diagnosed homeless people.

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APPENDIX A:

FORMS AND PROTOCOLS

1. Client Profile (front and back): General
2. Sign-In Sheet: General
3. Daily Census: General
4. Service Provider Information Card (front and back): Berkeley Guides
5. Citizen/Merchant Tabulation Card: Berkeley Guides
6. Business Monitoring Form: Berkeley Cares
7. Cash Box Receipt Form: Berkeley Cares

CLIENT PROFILE

nterview Date: __ __ / __ __ / __ __ Staff Interviewer: _____ Program:
- ❑ B. Drop-In Center
- ❑ B. Ecumenical Chaplaincy
- ❑ B. Emergency Food Project
- ❑ B. Homeless Outreach Team
- ❑ BPCAC Acupuncture Detox
- ❑ Bi-Bett: _____
- ❑ BOSS/MASC
- ❑ Women's Daytime Drop-In
- ❑ Other: _____

lient Name: _____

ate of Birth: __ __ / __ __ / __ __ Gender: M F SS#: __ __ __ - __ __ - __ __ __ __

ge: __ __	Ethnicity:	Length of Time in This Area:	Education:
00 - 11	❑ Asian		❑ 0 to 8th grade
12 - 17	❑ African-American	❑ 0 - 6 days	❑ Less than HS graduate
18 - 20	❑ Caucasian	❑ 1 - 4 weeks	❑ HS grad or GED
21 - 30	❑ Hispanic	❑ 1 - 2 months	❑ 12 + some post-secondary
31 - 40	❑ Native-American	❑ 2 -4 months	❑ 2-year College graduate
41 - 50	❑ Pacific Islander/AN	❑ 4 - 6 months	❑ 4-year College graduate
Over 50	❑ Other: _____	❑ Over 6 months	❑ Some graduate school

Household Characteristics:
- ❑ Single parent - female/child(ren)
- ❑ Single parent - male/child(ren)
- ❑ Two-parent household/child(ren)
- ❑ Two adults - no child(ren)
- ❑ Single person
- ❑ Other: _____

Total # Persons in Family: _____

ity of ong-Term Residence:
- ❑ Alameda ❑ Albany ❑ Berkeley ❑ Dublin ❑ Emeryville
- ❑ Fremont ❑ Hayward ❑ Livermore ❑ Newark ❑ Oakland
- ❑ Piedmont ❑ Pleasanton ❑ San Leandro ❑ Union
- ❑ Unincorporated Alameda Co. ❑ Other Bay Area ❑ Outside State

eteran? ❑ Yes ❑ No **IF YES, Which service?** _____ **Years:** 19____ to 19____

irst Time Using Berkeley Services? ❑ Yes ❑ No

pecial Needs:
- ❑ Alcohol/drug problems ❑ Physically disabled ❑ Mentally disabled ❑ Urgent illness
- ❑ Pregnant ❑ In abusive relationship ❑ Need legal help ❑ Non-English speaking
- ❑ Other: _____

Iost Recent ousing:
- ❑ Rent: Hotel, SRO, Rooming home ❑ Residential Treatment Program ❑ Institution (hospital, nursing home)
- ❑ Rent: Boarding home, Board & Care ❑ Transitional Housing ❑ Abandoned or public building
- ❑ Rent: Apartment, Efficiency, House ❑ Jail or Prison ❑ Urban Outdoors (sidewalk, doorway, park)
- ❑ Someone else's apartment or house ❑ Automobile ❑ Rural Outdoors (woods, tent, cave)
- ❑ Other: _____ ❑ Unknown

Iomeless? ❑ Yes ❑ No **IF YES,** Days homeless in the past 30 days: ____ Months homeless in the past year: ____

IF OMELESS: select basic eason why)
- ❑ Domestic Violence ❑ Temporary living situation ended
- ❑ Family Break-up (divorce, etc.) ❑ Eviction for non-financial reasons (e.g., building rehabilitated/condemned/sold)
- ❑ Earthquake ❑ Someone depending on for housing, food, or money no longer able to help out
- ❑ Other Disaster (fire, flood) ❑ Long-Term Money Problems: mental illness
- ❑ Relocation ❑ Long-Term Money Problems: alcohol or other drug problems
- ❑ Discharge from Institution ❑ Long-Term Money Problems: money management problems
- ❑ **Inability to Pay Rent** ❑ Afraid to keep living at previous location
- ❑ Asked/forced to leave housing because of drinking or drug use
- ❑ Asked/forced to leave housing for some other reason
- ❑ Other: _____

F INABILITY O PAY RENT: select reason)
- ❑ Loss of Job/Displaced Worker ❑ Rent Increase
- ❑ Loss of Job/Other ❑ Other Increased Expenses (rent, health care, alcohol, drugs)
- ❑ Loss of Income (e.g., welfare cut-off, etc.) ❑ Relocation
- ❑ **Public Assistance Problem** ❑ Other: _____ ❑ Unknown

F PUBLIC ASSISTANCE ROBLEM: (status) ❑ Not Applied For ❑ Pending ❑ Interrupted ❑ Inadequate ❑ Reduced ❑ Denied

rimary Obstacle Stable Housing: select basic obstacle)
- ❑ Lack Move-In Costs ❑ Unable to Meet Landlord Income Requirements ❑ No Affordable Housing
- ❑ Insufficient Income ❑ Unable to Find Job ❑ Discrimination
- ❑ Bad Credit ❑ Public Assistance Problem ❑ Physical or Mental Illness
- ❑ Alcohol or Drug Abuse Problems ❑ Other: _____

Source/Amount of Income in Past 30 Days:

❑ Earned Income (Job)	$ _ _ _ _	❑ VA pension or disability benefit	$ _ _ _ _
❑ Social Security (SSA)	$ _ _ _ _	❑ Retirement/Investments/Savings	$ _ _ _ _
❑ SSI	$ _ _ _ _	❑ Vocational program	$ _ _ _ _
❑ AFDC	$ _ _ _ _	❑ Alimony/Child Support	$ _ _ _ _
❑ General Assistance (GA)	$ _ _ _ _	❑ Relative, Friend, Spouse contribution	$ _ _ _ _
❑ Other Welfare (state/ county)	$ _ _ _ _	❑ Panhandling, Vouchers	$ _ _ _ _
❑ Unemployment Comp./SDI	$ _ _ _ _	❑ Selling cans, etc.	$ _ _ _ _
❑ Other Sources of Income: _____			$ _ _ _ _

Client's Estimate of usual total monthly income - all sources: $ _ _ _ _

Non-Cash Benefits:

❑ Food Stamps ❑ Public Housing ❑ Section 8 Voucher ❑ WIC

❑ Other: _____

CLIENT PERSONAL CHARACTERISTICS

❑ Has active alcohol abuse/dependence
❑ Has active drug abuse/dependence
❑ Has mental disability (especially chronic, with symptoms over 3 months)
❑ Has not applied for disability benefits, even though eligible
❑ Avoids contact with governmental agencies although eligible for help
❑ Has been disqualified for benefits
❑ Homeless longer than 6 months; Accustomed to street life
❑ Has been through the shelter systems in the area; No longer eligible to return to shelters
❑ Has no source of income
❑ Has had children removed by Protective Services, placed with foster families or relatives due to abuse or neglect
❑ Is victim of domestic violence or involved in abusive relationship
❑ Is physically ill, weak, or recently discharged from hospital; Needs convalescent care or 24-hour program

REFERRAL SOURCE:

❑ Berkeley Homeless Outreach Team
❑ Berkeley Police Department
❑ Berkeley Mobile Crisis Unit
❑ Berkeley Guides/Ambassadors
❑ The SST
❑ Walk-In
❑ Other: _____

Agency Referral

❑ Berkeley Drop-In Center
❑ Berkeley Ecumenical Chaplaincy
❑ Berkeley Emergency Food Project
❑ BPCAC Acupuncture De-Tox
❑ Bi-Bett: _____
❑ BOSS/MASC
❑ Women's Day-Time Drop-In
❑ Other: _____

Probable Ongoing/Long-Term Client?

❑ Yes ❑ No
❑ Unknown at this time

REFERRAL FROM PROGRAM:
(update, as needed)

Type	**Name** (write in name of program referred to)
❑ To Shelter - in Berkeley	
❑ To Shelter - Outside Berkeley	
❑ To Shelter + Care - in Berkeley	
❑ To Shelter + Care - **Outside** Berkeley	
❑ To Transitional Housing (Berkeley)	
❑ To Transitional Housing (Non-Berkeley)	
❑ To Permanent (Section 8) Housing (Berkeley)	
❑ To Permanent (Section 8) Housing (Non-Berkeley)	
❑ To Residential AOD Treatment (Berkeley)	
❑ To Residential AOD Treatment (Non-Berkeley)	
❑ To Outpatient Program (Berkeley)	
❑ To Outpatient Program (Non-Berkeley)	
❑ To Medical Care Facility (Berkeley)	
❑ To Medical Care Facility (Non-Berkeley)	

BDIC BecC BEFP BHOT

SIGN-IN SHEET

BacD BiBt BOSS WDDI Othr

#	DATE	TIME	NAME	ID*
1	/ /	: am pm		
2	/ /	: am pm		
3	/ /	: am pm		
4	/ /	: am pm		
5	/ /	: am pm		
6	/ /	: am pm		
7	/ /	: am pm		
8	/ /	: am pm		
9	/ /	: am pm		
10	/ /	: am pm		
11	/ /	: am pm		
12	/ /	: am pm		
13	/ /	: am pm		
14	/ /	: am pm		
15	/ /	: am pm		
16	/ /	: am pm		
17	/ /	: am pm		
18	/ /	: am pm		
19	/ /	: am pm		
20	/ /	: am pm		
21	/ /	: am pm		
22	/ /	: am pm		
23	/ /	: am pm		
24	/ /	: am pm		
25	/ /	: am pm		

*ID = Last 4 digits of SS#

DAILY CENSUS

Select two time periods that best represent the regular activities of your program. Each day, at each of those times, check the time period and **estimate the number of persons present** that are in each gender, age, and ethnicity category.
(Use one sheet for two days' census.)

Date: ____ / ____ / ____

Program: _____

How Many?

Time I:	Gender:	Age:	Ethnicity:
❑ 10:00 am	____ Male	____ 00 - 11	____ Asian
❑ 12:00 noon		____ 12 - 17	____ African-American
❑ 2:00 pm	____ Female	____ 18 - 20	____ Caucasian
❑ 4:00 pm		____ 21 - 30	____ Hispanic
❑ 6:00 pm		____ 31 - 40	____ Native-American
❑ 8:00 pm		____ 41 - 50	____ Pacific Islander/AN
❑ 10:00 pm		____ Over 50	____ Other: _____
Total	____	____	____

❑ B. Drop-In Center
❑ B. Ecumenical Chaplaincy
❑ B. Emergency Food Project
❑ B. Homeless Outreach Team
❑ BPCAC Acupuncture De-Tox
❑ BiBett: _____
❑ BOSS/MASC
❑ Women's Daytime Drop-In
❑ Other: _____

Date: ____ / ____ / ____

Program: _____

How Many?

Time II:	Gender:	Age:	Ethnicity:
❑ 10:00 am	____ Male	____ 00 - 11	____ Asian
❑ 12:00 noon		____ 12 - 17	____ African-American
❑ 2:00 pm	____ Female	____ 18 - 20	____ Caucasian
❑ 4:00 pm		____ 21 - 30	____ Hispanic
❑ 6:00 pm		____ 31 - 40	____ Native-American
❑ 8:00 pm		____ 41 - 50	____ Pacific Islander/AN
❑ 10:00 pm		____ Over 50	____ Other: _____
Total	____	____	____

❑ B. Drop-In Center
❑ B. Ecumenical Chaplaincy
❑ B. Emergency Food Project
❑ B. Homeless Outreach Team
❑ BPCAC Acupuncture De-Tox
❑ BiBett: _____
❑ BOSS/MASC
❑ Women's Daytime Drop-In
❑ Other: _____

Date: ____ / ____ / ____

Program: _____

How Many?

Time I:	Gender:	Age:	Ethnicity:
❑ 10:00 am	____ Male	____ 00 - 11	____ Asian
❑ 12:00 noon		____ 12 - 17	____ African-American
❑ 2:00 pm	____ Female	____ 18 - 20	____ Caucasian
❑ 4:00 pm		____ 21 - 30	____ Hispanic
❑ 6:00 pm		____ 31 - 40	____ Native-American
❑ 8:00 pm		____ 41 - 50	____ Pacific Islander/AN
❑ 10:00 pm		____ Over 50	____ Other: _____
Total	____	____	____

❑ B. Drop-In Center
❑ B. Ecumenical Chaplaincy
❑ B. Emergency Food Project
❑ B. Homeless Outreach Team
❑ BPCAC Acupuncture De-Tox
❑ BiBett: _____
❑ BOSS/MASC
❑ Women's Daytime Drop-In
❑ Other: _____

Date: ____ / ____ / ____

Program: _____

How Many?

Time II:	Gender:	Age:	Ethnicity:
❑ 10:00 am	____ Male	____ 00 - 11	____ Asian
❑ 12:00 noon		____ 12 - 17	____ African-American
❑ 2:00 pm	____ Female	____ 18 - 20	____ Caucasian
❑ 4:00 pm		____ 21 - 30	____ Hispanic
❑ 6:00 pm		____ 31 - 40	____ Native-American
❑ 8:00 pm		____ 41 - 50	____ Pacific Islander/AN
❑ 10:00 pm		____ Over 50	____ Other: _____
Total	____	____	____

❑ B. Drop-In Center
❑ B. Ecumenical Chaplaincy
❑ B. Emergency Food Project
❑ B. Homeless Outreach Team
❑ BPCAC Acupuncture De-Tox
❑ BiBett: _____
❑ BOSS/MASC
❑ Women's Daytime Drop-In
❑ Other: _____

25.

SERVICE PROVIDER INFORMATION CARD
Side #1

Guides Name/Number:

Check Box: [ ] Beat 1 [ ] Beat 2

Incident Location:

Day: [ ] Date: [ ] Time: [ ]

Business Name If Applicable:

Name Of Contact If Known:

Sex:

Approximate Age:

Race: [ ] Asian/Pacific Islander
[ ] Black
[ ] Hispanic
[ ] Native American/Indian
[ ] White
[ ] Other

Referral: [ ] Meal Facility
[ ] Shelter Facility
[ ] De-Tox
[ ] Mobile Crisis
[ ] Homeless Outreach
[ ] Clothing Facility
[ ] Police Services
[ ] Drop In Facility
[ ] Ambulance Services
[ ] Other Agencies: _____
[ ] Other: _____

Comments: _____

[See Side #2]

SERVICE PROVIDER INFORMATION CARD
Citizen Contacts
Side #2

Aggressive Behavior	____	Graffiti	____
Aggressive Panhandling	____	Greet Tourist	____
Assault	____	Injured Person	____
Assist Police	____	Intoxicated Person	____
Burglary	____	Lost Property	____
Business Meetings	____	Maps Provided	____
City Sponsored Events	____	Provided Info	____
Directed Traffic	____	Public Works	____
Directed to Rest Rooms	____	Littering	____
Directed to Business	____	Safety Escort	____
Directed to Restaurants	____	Directed to UC	____
Directed to Parking	____	Sleeper Complaint	____
Disorderly Conduct	____	Suspicious Person	____
Drinking in Public	____	Traffic Accident	____
Drug Activity	____	Trespassing	____
Fighting	____	Unwanted person(s)	____
Found Property	____	Vandalism	____
Other Situation (Please Describe):			

CITIZEN/MERCHANT TABULATION CARD

Check Box [ ] Beat 1 [ ] Beat 2

Date/Day: _____/_____

Guides Name/Number: _____

GREETINGS: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 36 38 39
40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57
58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75

TOTAL GREETINGS: _____

BUSINESS
CONTACTS: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57
58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75

TOTAL BUSINESS CONTACTS: _____

PAMPHLETS
DISTRIBUTED 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160
170 180 190 200 210 220 230 240 250 260 270 280 290 300
310 320 330 340 350 360 370 380 390 400 410 420 430 440
450 460 470 480 490 500 510 520 530 540 550 560 570 580
590 600 610 620 630 640 650 660 670 680 690 700 710 720
730 740 750 760 770 780 790 800 810 820 830 840 850 860
870 880 890 900 910 920 930 940 950 960 970 980 990 1000

TOTAL PAMPHLETS DISTRIBUTED: _____

BERKELEY CARES MONITORING FORM

Business Name: _____

Business Address: _____

Poster/Cash Box at site? ☐ Yes ☐ No

Date Started Poster/Cash Box: __ __ / __ __ / __ __

Date Terminated Poster/Cash Box: __ __ / __ __ / __ __

Sells Vouchers? ☐ Yes ☐ No

Date Started Selling Vouchers: __ __ / __ __ / __ __

Redeems Vouchers? ☐ Yes ☐ No

Date Started Redeeming Vouchers: __ __ / __ __ / __ __

Date	# Vouchers Sold	$ Amount	Date	# Vouchers Redeemed	$ Amount
__/__/__		$	__/__/__		$
__/__/__		$	__/__/__		$
__/__/__		$	__/__/__		$

CASH-BOX RECEIPTS:

Date	$ Amount	Date	$ Amount
__/__/__	$_____	__/__/__	$_____
__/__/__	$_____	__/__/__	$_____
__/__/__	$_____	__/__/__	$_____

APPENDIX B:

SUPPORTING DATA

1. Program Contact Data
   - Summary by Program: Number of Contact Days — B1.1
   - Number of Service Contacts by Clients: Frequency — B1.2
   - Summary - Number of Contact Days: Program by Month — B1.3
   - Program: Number of Contact Days by Week — B1.4
   - Graphs (from Sign-In Sheet): Programs - Contacts by Week — B1.5

2. Demographics, Client Characteristics, Needs, Housing
   - Graphs (Client Profile data): Programs by Client Gender, Ethnicity, Education, Age Category, Time in Area — B3.1
   - Usual Monthly Income of Clients — B3.2
   - Client Special Needs by Program — B3.3
   - Client Special Needs by Gender — B3.4
   - Client Special Needs by Ethnicity — B3.5
   - Client Special Needs by Age — B3.6
   - Client Recent Housing by Program — B3.7
   - Client Recent Housing by Gender — B3.8
   - Client Recent Housing by Ethnicity — B3.9
   - Client Recent Housing by Age — B3.10

3. Client Referral Information (Client Profile data)
   - Summary: Type of Referral Source — B4.1
   - Referral Source by Program — B4.2
   - Referral Source by Gender — B4.3
   - Referral Source by Ethnicity — B4.4
   - Referral Source by Age — B4.5
   - Summary: Type of Program Referred To — B4.6
   - Client Referral To, by Program — B4.7
   - Client Referral To, by Gender — B4.8
   - Client Referral To, by Ethnicity — B4.9
   - Client Referral To, by Age — B4.10

4. Berkeley Guides Data
   - Graph: Citizen and Business Contacts by Week — B5.1
   - Graph: Aggressive Activities by Week — B5.2
   - Graph: Alcohol, Drug, and MH Problems by Week — B5.3
   - Graph: Referrals to Helping Agencies by Week — B5.4
   - Calls for Service by Week — B5.5

B1.1

BERKELEY "MEASURE O" MONITORING

SUMMARY by PROGRAM: NUMBER OF CONTACT DAYS - TOTAL

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : B. Drop-In Center	NUMBER OF CONTACTS
PROGRAM TOTAL: CONTACTS	9438
PROGRAM TOTAL: UNDUPLICATED INDIVIDUALS	2099

PROGRAM : B. Ecumenical Chaplaincy	NUMBER OF CONTACTS
PROGRAM TOTAL: CONTACTS	827
PROGRAM TOTAL: UNDUPLICATED INDIVIDUALS	33

PROGRAM : B. Emergency Food Project	NUMBER OF CONTACTS
PROGRAM TOTAL: CONTACTS	1057
PROGRAM TOTAL: UNDUPLICATED INDIVIDUALS	339

PROGRAM : BPCAC Acupuncture Detox	NUMBER OF CONTACTS
PROGRAM TOTAL: CONTACTS	1815
PROGRAM TOTAL: UNDUPLICATED INDIVIDUALS	303

PROGRAM : Women's Daytime Drop-In	NUMBER OF CONTACTS
PROGRAM TOTAL: CONTACTS	1985
PROGRAM TOTAL: UNDUPLICATED INDIVIDUALS	336

OVERALL TOTAL: CONTACTS	15122
OVERALL TOTAL: UNDUPLICATED INDIVIDUALS	3110

B1.2.1

BERKELEY "MEASURE O" MONITORING

NUMBER OF SERVICE CONTACTS BY CLIENTS: FREQUENCY (MARCH 1 - AUGUST 15)

# OF SERVICE CONTACTS	FREQUENCY	TOTAL # OF CONTACTS
1	1702	1702
2	292	584
3	150	450
4	105	420
5	66	330
6	53	318
7	46	322
8	31	248
9	41	369
10	32	320
11	22	242
12	13	156
13	9	117
14	17	238
15	17	255
16	10	160
17	14	238
18	11	198
19	6	114
20	10	200
21	12	252
22	9	198
23	7	161
24	13	312
25	10	250
26	9	234
27	7	189
28	5	140
29	5	145
30	4	120
31	4	124
32	9	288
33	8	264
34	5	170
35	4	140
36	7	252
37	3	111
38	5	190
39	8	312
40	5	200
41	6	246
42	5	210
43	1	43
44	4	176
45	3	135
46	2	92
47	1	47
48	1	48
49	1	49
50	4	200
51	3	153
53	1	53
54	2	108
55	2	110
56	4	224
57	1	57
58	4	232
59	2	118
60	1	60
62	2	124
63	3	189
65	2	130
67	2	134
68	1	68

BERKELEY "MEASURE O" MONITORING

NUMBER OF SERVICE CONTACTS BY CLIENTS: FREQUENCY (MARCH 1 - AUGUST 15)

# OF SERVICE CONTACTS	FREQUENCY	TOTAL # OF CONTACTS
69	1	69
73	1	73
78	2	156
80	2	160
83	1	83
84	1	84
85	1	85
87	1	87
89	1	89
94	1	94
103	1	103
TOTAL		**15122**

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : B. Drop-In Center

	NUMBER OF CONTACTS
3 MARCH	
MONTH TOTAL: CONTACTS	1785
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	631
4 APRIL	
MONTH TOTAL: CONTACTS	1672
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	629
5 MAY	
MONTH TOTAL: CONTACTS	1744
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	543
6 JUNE	
MONTH TOTAL: CONTACTS	1765
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	641
7 JULY	
MONTH TOTAL: CONTACTS	1743
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	638
8 AUGUST	
MONTH TOTAL: CONTACTS	729
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	353
PROGRAM TOTAL: CONTACT	9438

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : B. Ecumenical Chaplaincy

	NUMBER OF CONTACTS
4 APRIL	
MONTH TOTAL: CONTACTS	169
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	27
5 MAY	
MONTH TOTAL: CONTACTS	206
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	25
6 JUNE	
MONTH TOTAL: CONTACTS	191
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	26
7 JULY	
MONTH TOTAL: CONTACTS	189
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	28
8 AUGUST	
MONTH TOTAL: CONTACTS	72
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	24
PROGRAM TOTAL: CONTACT	827

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : B. Emergency Food Project

	NUMBER OF CONTACTS
4 APRIL	
MONTH TOTAL: CONTACTS	202
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	87
5 MAY	
MONTH TOTAL: CONTACTS	233
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	85
6 JUNE	
MONTH TOTAL: CONTACTS	324
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	121
7 JULY	
MONTH TOTAL: CONTACTS	159
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	100
8 AUGUST	
MONTH TOTAL: CONTACTS	139
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	67
PROGRAM TOTAL: CONTACT	1057

B13.4

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : BPCAC Acupuncture Detox

	NUMBER OF CONTACTS
3 MARCH	
MONTH TOTAL: CONTACTS	172
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	71
4 APRIL	
MONTH TOTAL: CONTACTS	255
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	63
5 MAY	
MONTH TOTAL: CONTACTS	353
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	84
6 JUNE	
MONTH TOTAL: CONTACTS	438
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	94
7 JULY	
MONTH TOTAL: CONTACTS	386
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	91
8 AUGUST	
MONTH TOTAL: CONTACTS	210
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	81
DK	
MONTH TOTAL: CONTACTS	1
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	1
PROGRAM TOTAL: CONTACT	1815

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

PROGRAM : **Women's Daytime Drop-In**

	NUMBER OF CONTACTS
3 MARCH	
MONTH TOTAL: CONTACTS	300
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	109
4 APRIL	
MONTH TOTAL: CONTACTS	377
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	103
5 MAY	
MONTH TOTAL: CONTACTS	349
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	97
6 JUNE	
MONTH TOTAL: CONTACTS	394
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	97
7 JULY	
MONTH TOTAL: CONTACTS	398
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	123
8 AUGUST	
MONTH TOTAL: CONTACTS	167
MONTH TOTAL: UNDUPLICATED INDIVIDUALS	63
PROGRAM TOTAL: CONTACT	1985

B2.3.6

BERKELEY "MEASURE O" MONITORING

SUMMARY - NUMBER OF CONTACT DAYS: PROGRAM by MONTH

Multiple visits in one day counted as one contact-day

(August data through 8/15 only)

OVERALL TOTAL: CONTACTS	15122

38.

BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

PROGRAM : B. Drop-In Center	NUMBER OF CONTACTS
3/01-3/07	279
3/08-3/14	387
3/15-3/21	414
3/22-3/28	474
3/29-4/04	371
4/05-4/11	402
4/12-4/18	446
4/19-4/25	432
4/26-5/02	396
5/03-5/09	350
5/10-5/16	374
5/17-5/23	415
5/24-5/30	354
5/31-6/06	389
6/07-6/13	345
6/14-6/20	350
6/21-6/27	523
6/28-7/04	265
7/05-7/11	412
7/12-7/18	455
7/19-7/25	507
7/26-8/01	458
8/02-8/08	334
8/09-8/15	306
PROGRAM TOTAL: CONTACT	**9438**

BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

PROGRAM : B. Ecumenical Chaplaincy	NUMBER OF CONTACTS
3/29-4/04	6
4/05-4/11	44
4/12-4/18	42
4/19-4/25	56
4/26-5/02	46
5/03-5/09	30
5/10-5/16	53
5/17-5/23	44
5/24-5/30	48
5/31-6/06	48
6/07-6/13	44
6/14-6/20	43
6/21-6/27	39
6/28-7/04	45
7/05-7/11	45
7/12-7/18	40
7/19-7/25	43
7/26-8/01	39
8/02-8/08	35
8/09-8/15	37
PROGRAM TOTAL: CONTACT	827

BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

PROGRAM : B. Emergency Food Project	NUMBER OF CONTACTS
3/29-4/04	22
4/05-4/11	56
4/12-4/18	58
4/19-4/25	44
4/26-5/02	43
5/03-5/09	61
5/10-5/16	61
5/17-5/23	42
5/24-5/30	30
5/31-6/06	77
6/07-6/13	87
6/14-6/20	76
6/21-6/27	71
6/28-7/04	55
7/05-7/11	48
7/12-7/18	20
7/19-7/25	32
7/26-8/01	41
8/02-8/08	55
8/09-8/15	78
PROGRAM TOTAL: CONTACT	1057

B1.44

BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

PROGRAM : BPCAC Acupuncture Detox

	NUMBER OF CONTACTS
3/01-3/07	6
3/08-3/14	37
3/15-3/21	37
3/22-3/28	59
3/29-4/04	51
4/05-4/11	52
4/12-4/18	73
4/19-4/25	73
4/26-5/02	58
5/03-5/09	80
5/10-5/16	91
5/17-5/23	85
5/24-5/30	63
5/31-6/06	77
6/07-6/13	99
6/14-6/20	97
6/21-6/27	102
6/28-7/04	93
7/05-7/11	79
7/12-7/18	86
7/19-7/25	108
7/26-8/01	117
8/02-8/08	102
8/09-8/15	89
DK	1
PROGRAM TOTAL: CONTACT	1815

BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

PROGRAM : **Women's Daytime Drop-In**

	NUMBER OF CONTACTS
3/01-3/07	55
3/08-3/14	50
3/15-3/21	65
3/22-3/28	94
3/29-4/04	62
4/05-4/11	91
4/12-4/18	104
4/19-4/25	93
4/26-5/02	81
5/03-5/09	45
5/10-5/16	82
5/17-5/23	97
5/24-5/30	84
5/31-6/06	59
6/07-6/13	75
6/14-6/20	111
6/21-6/27	111
6/28-7/04	88
7/05-7/11	94
7/12-7/18	81
7/19-7/25	105
7/26-8/01	100
8/02-8/08	70
8/09-8/15	88
PROGRAM TOTAL: CONTACT	**1985**

B1.4.6

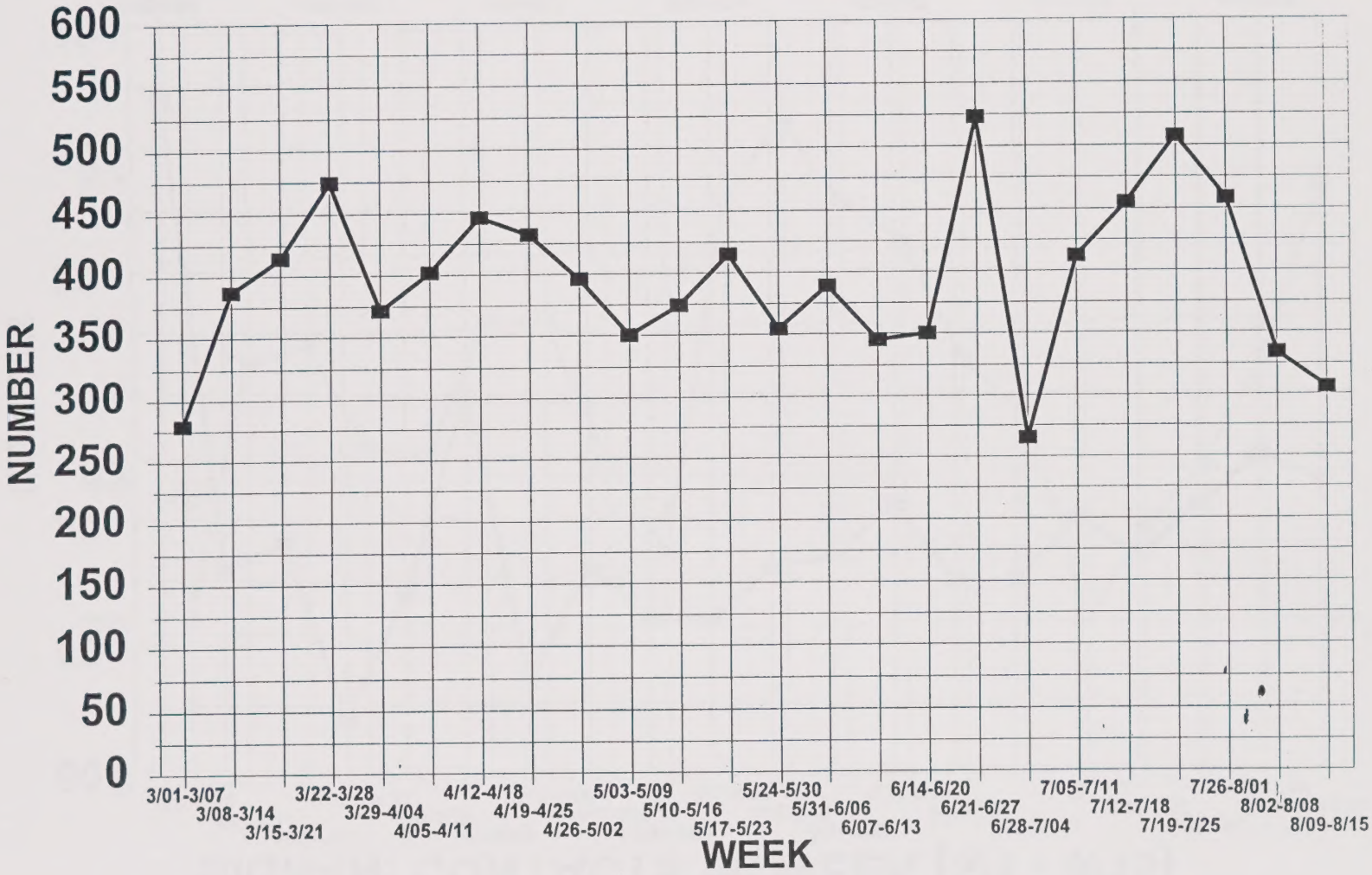
BERKELEY "MEASURE O" MONITORING

PROGRAM: NUMBER OF CONTACT DAYS by WEEK
("Weeks" are from Tuesday through Monday, beginning 3/1/95)

OVERALL TOTAL: CONTACTS	15122

BERKELEY DROP-IN CENTER

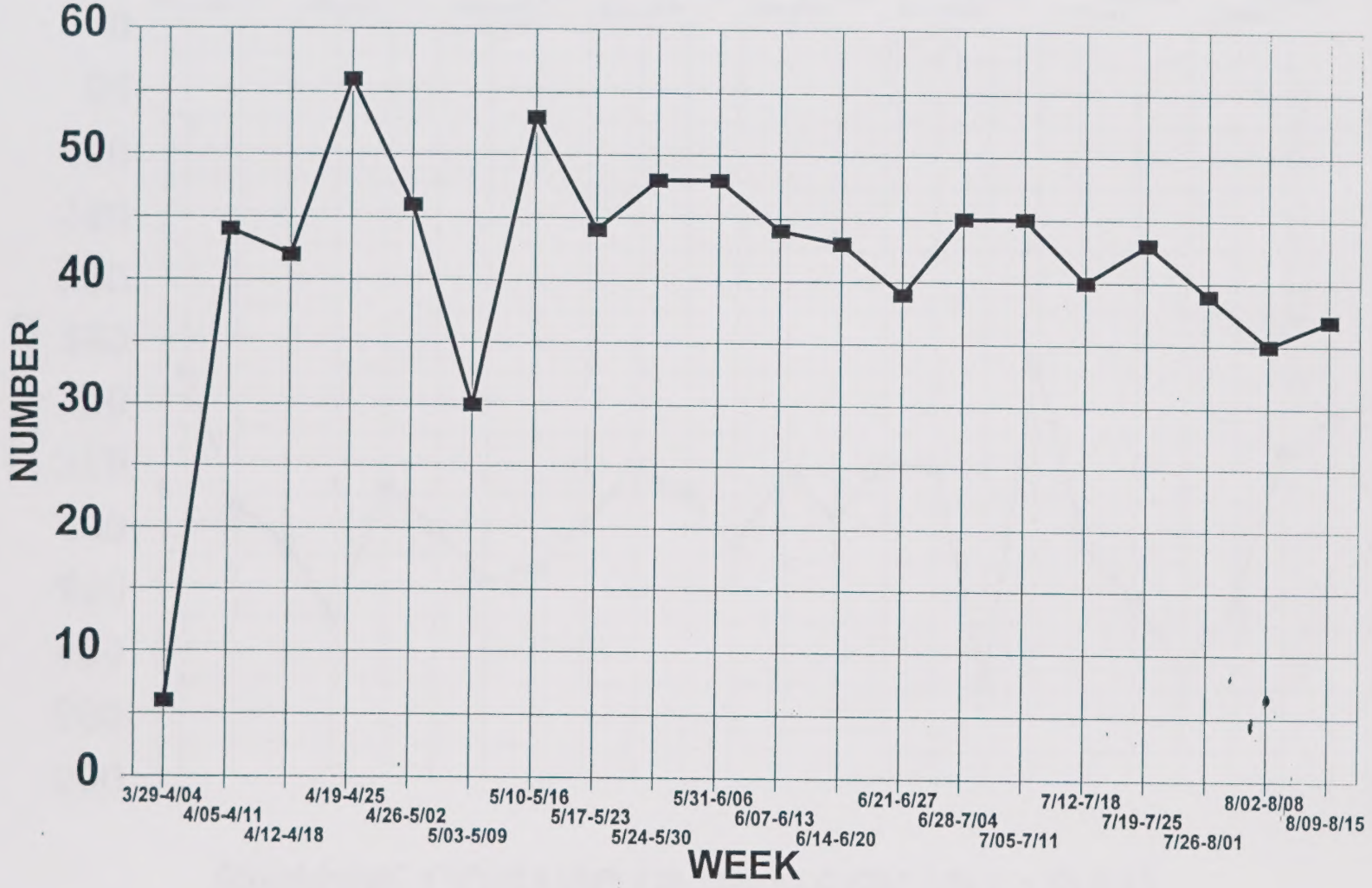
SIGN-IN: CONTACTS by WEEK (3/1 - 8/15)



520

BERKELEY ECUMENICAL CHAPLAINCY

SIGN-IN: CONTACTS by WEEK (3/1 - 8/15)

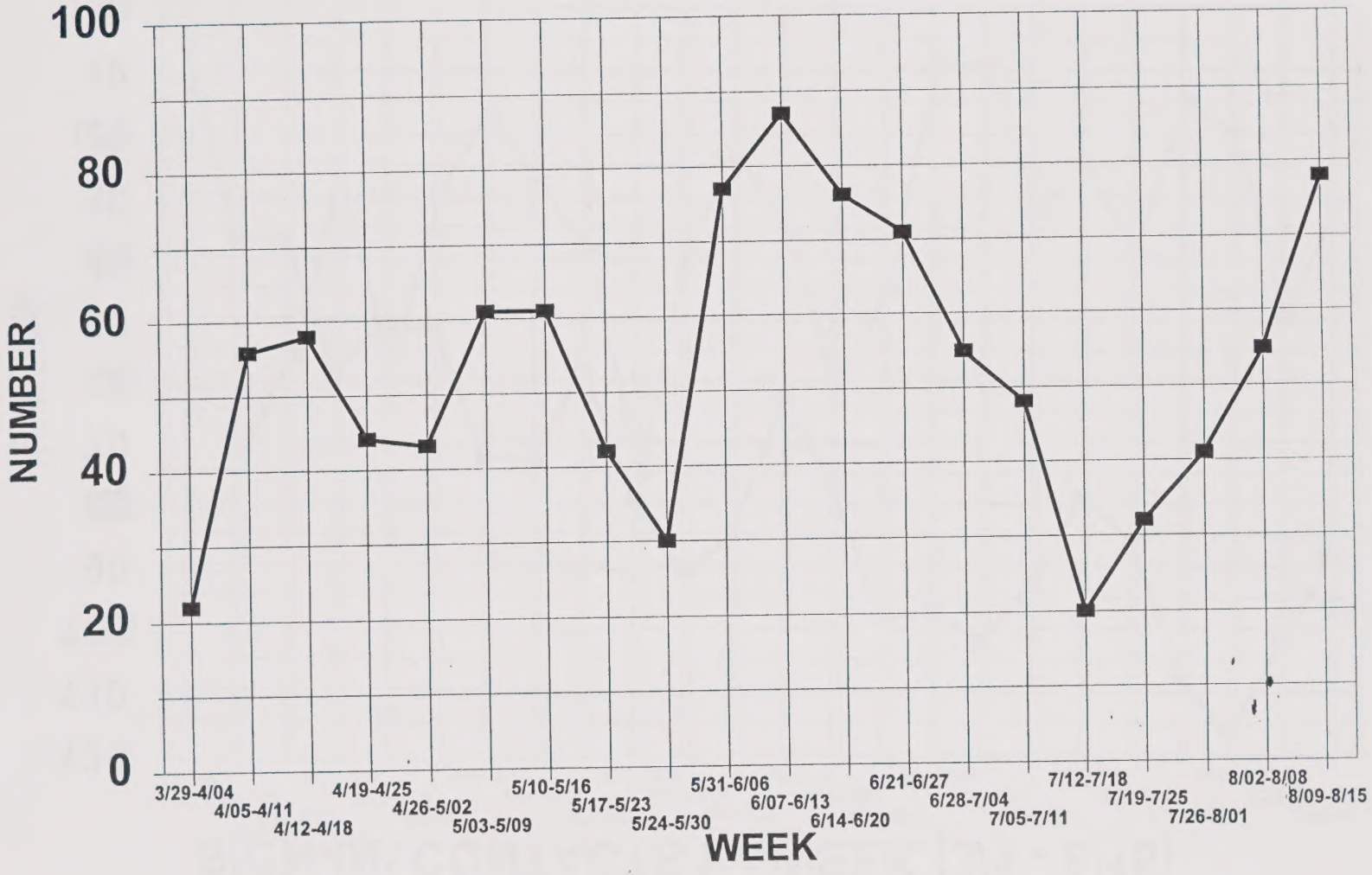


Ab.

B7.5.2

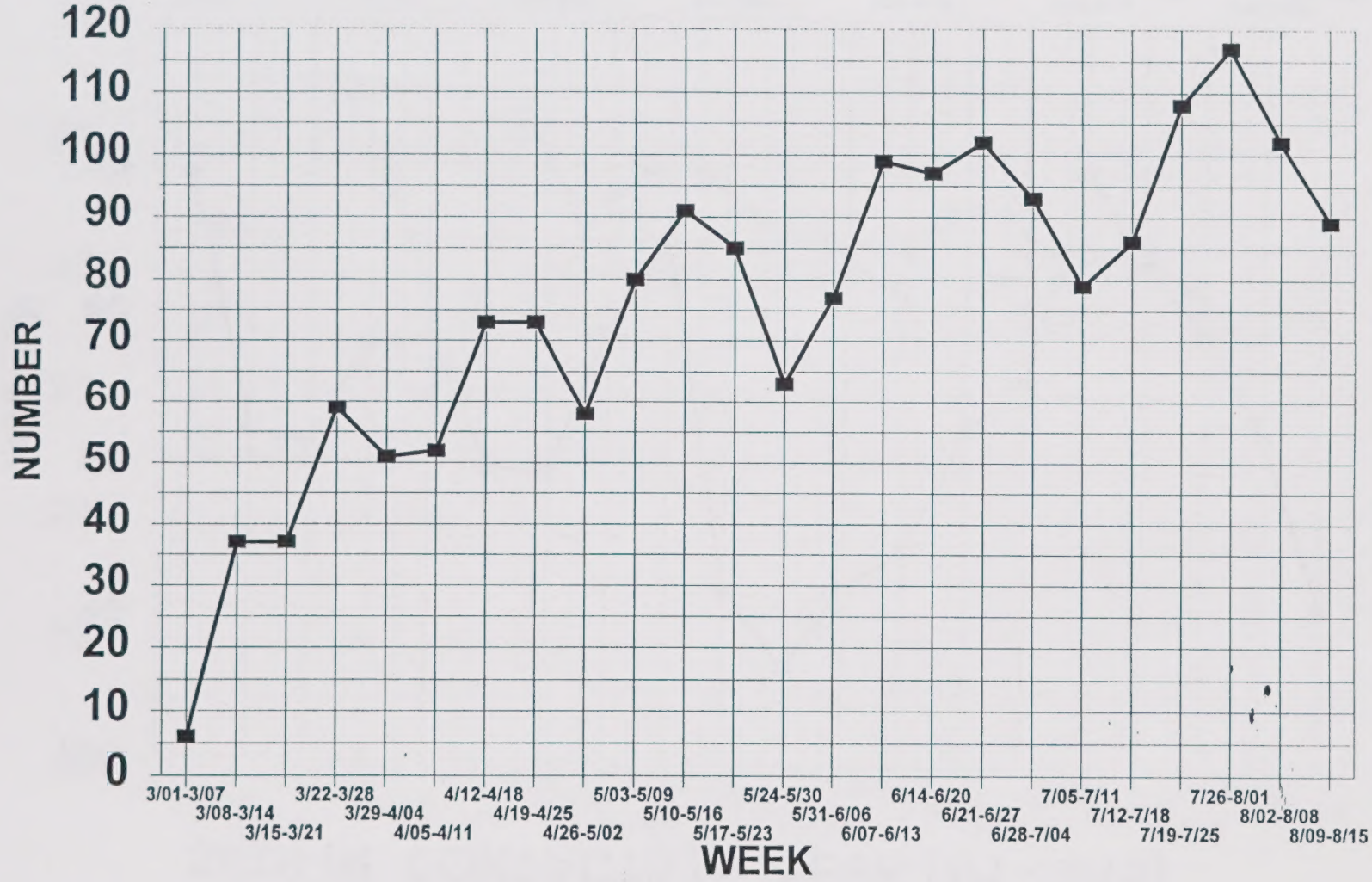
BERKELEY EMERGENCY FOOD PROJECT

SIGN-IN: CONTACTS by WEEK (3/1 - 8/15)



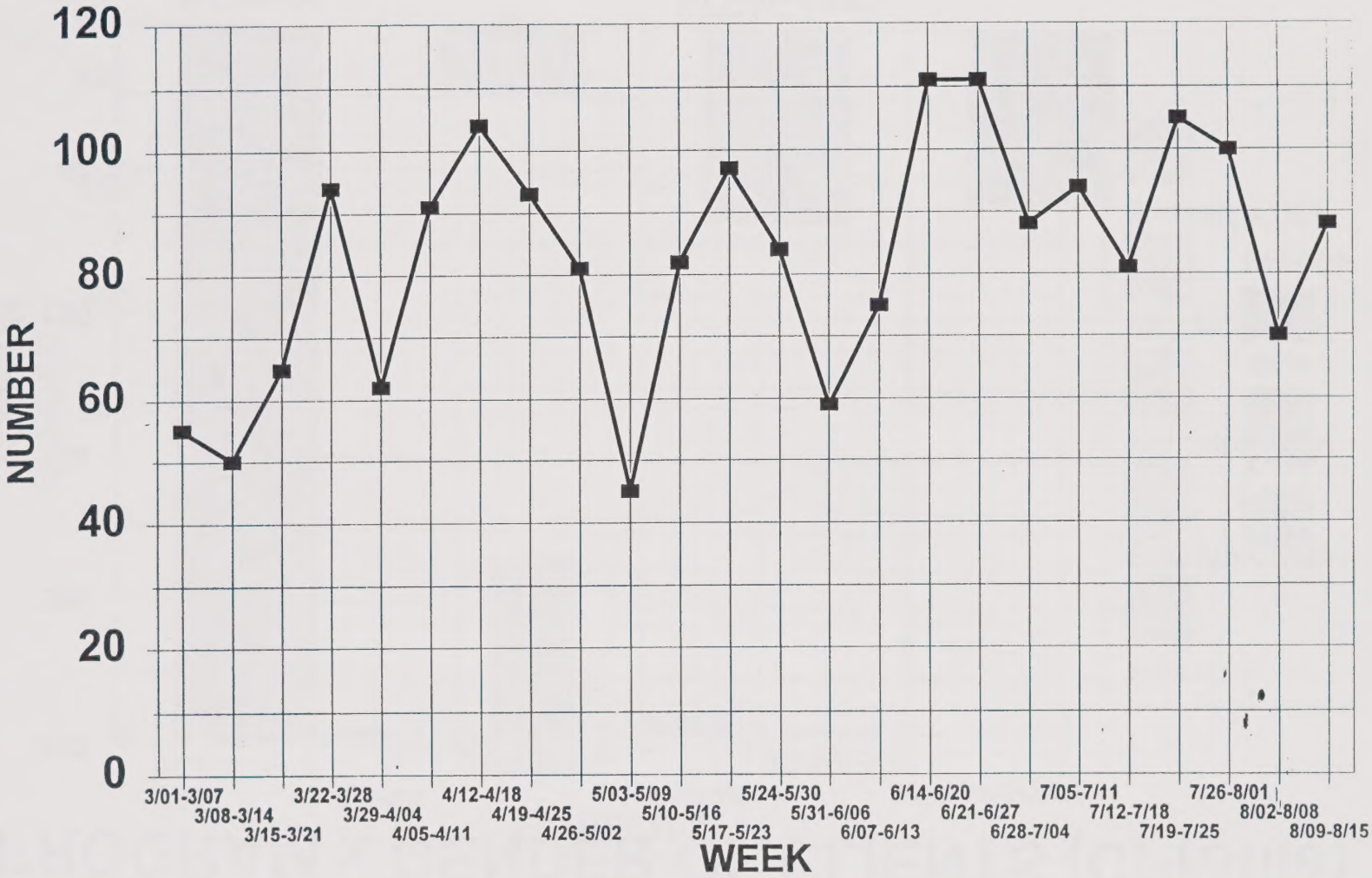
BPCAC - ACUPUNCTURE DE-TOX

SIGN-IN: CONTACTS by WEEK (3/1 - 8/15)



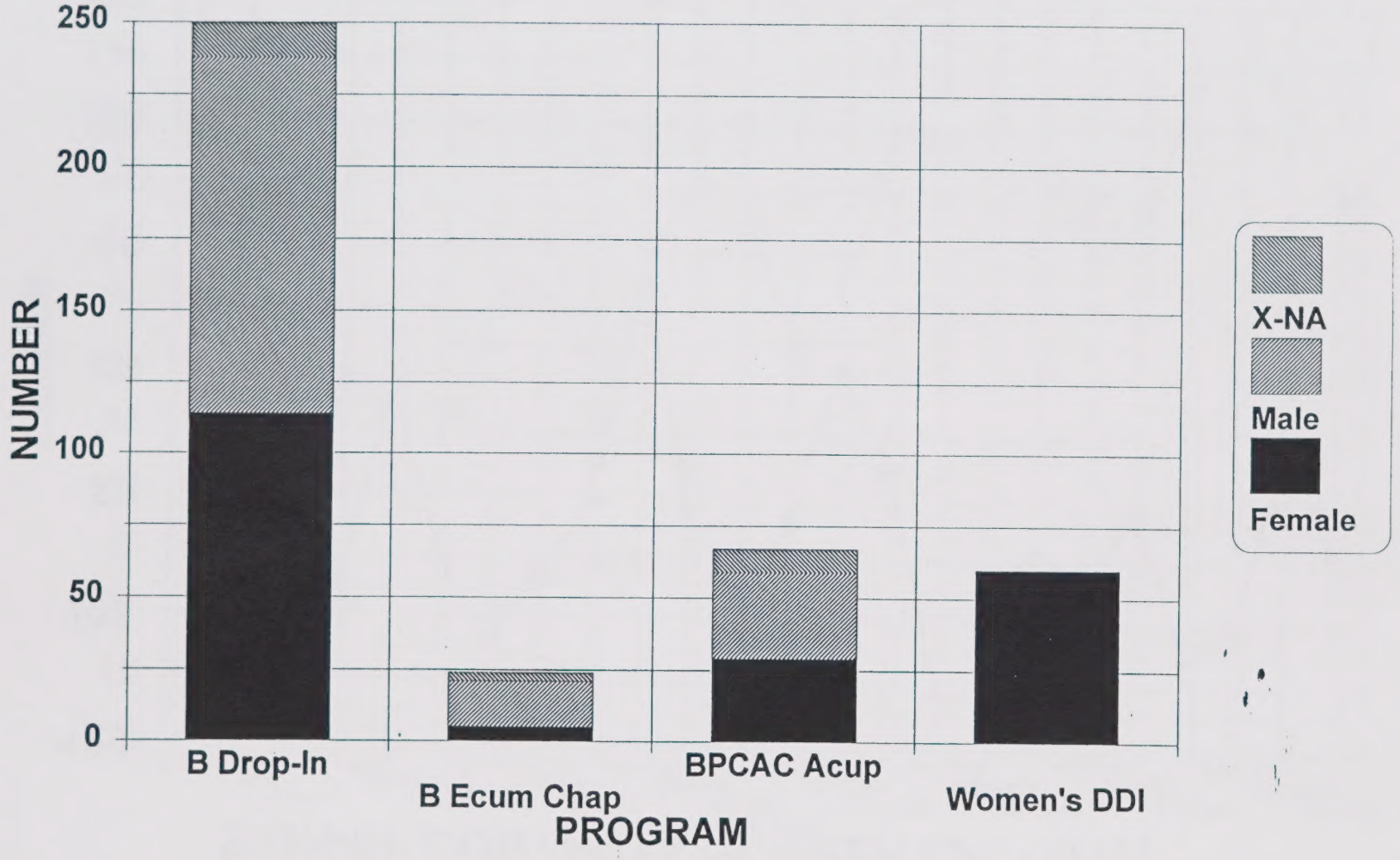
WOMEN'S DAYTIME DROP-IN

SIGN-IN: CONTACTS by WEEK (3/1 - 8/15)



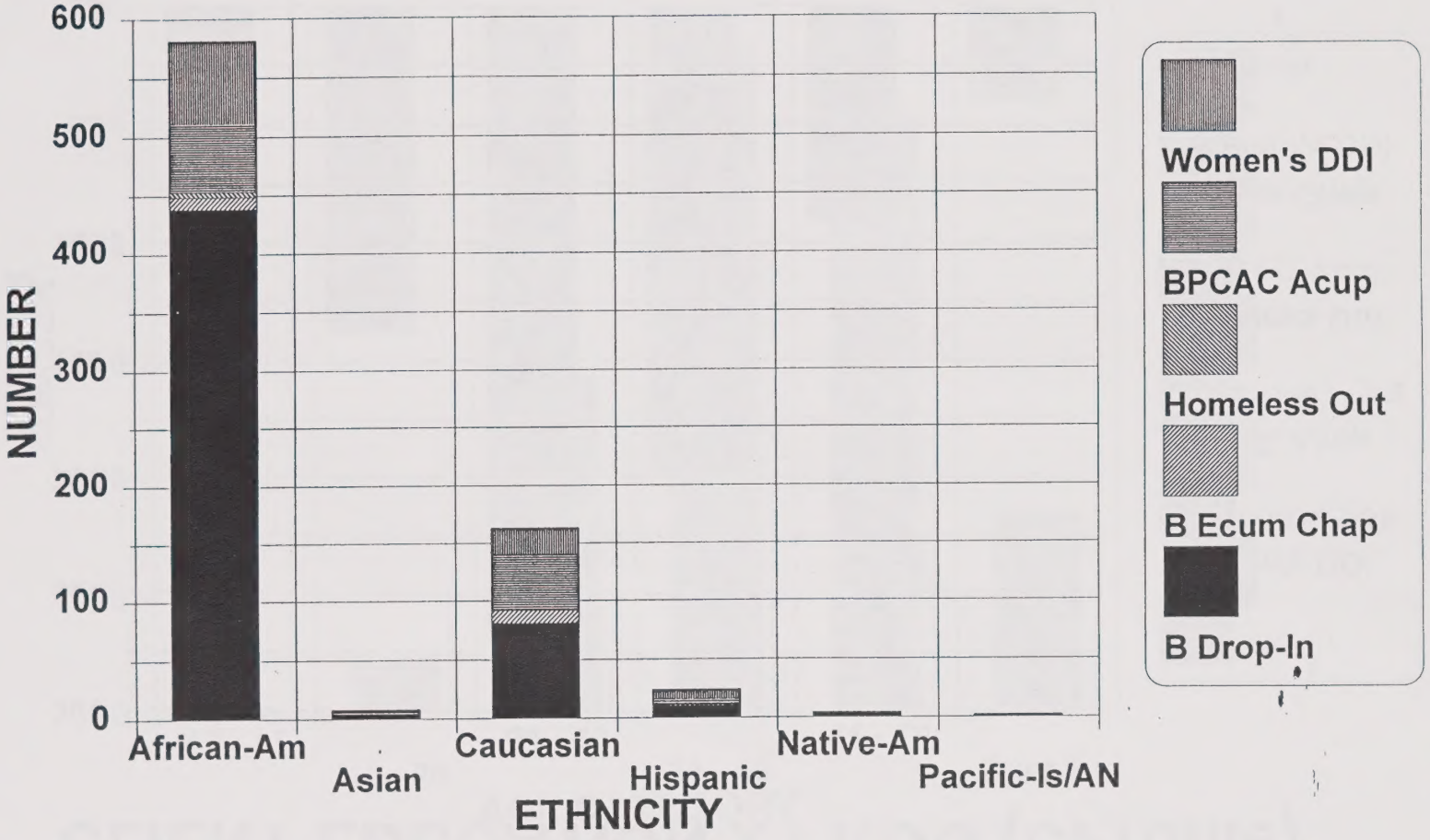
PROGRAM CLIENT CHARACTERISTICS

PROGRAM x GENDER OF CLIENTS (CProfile)



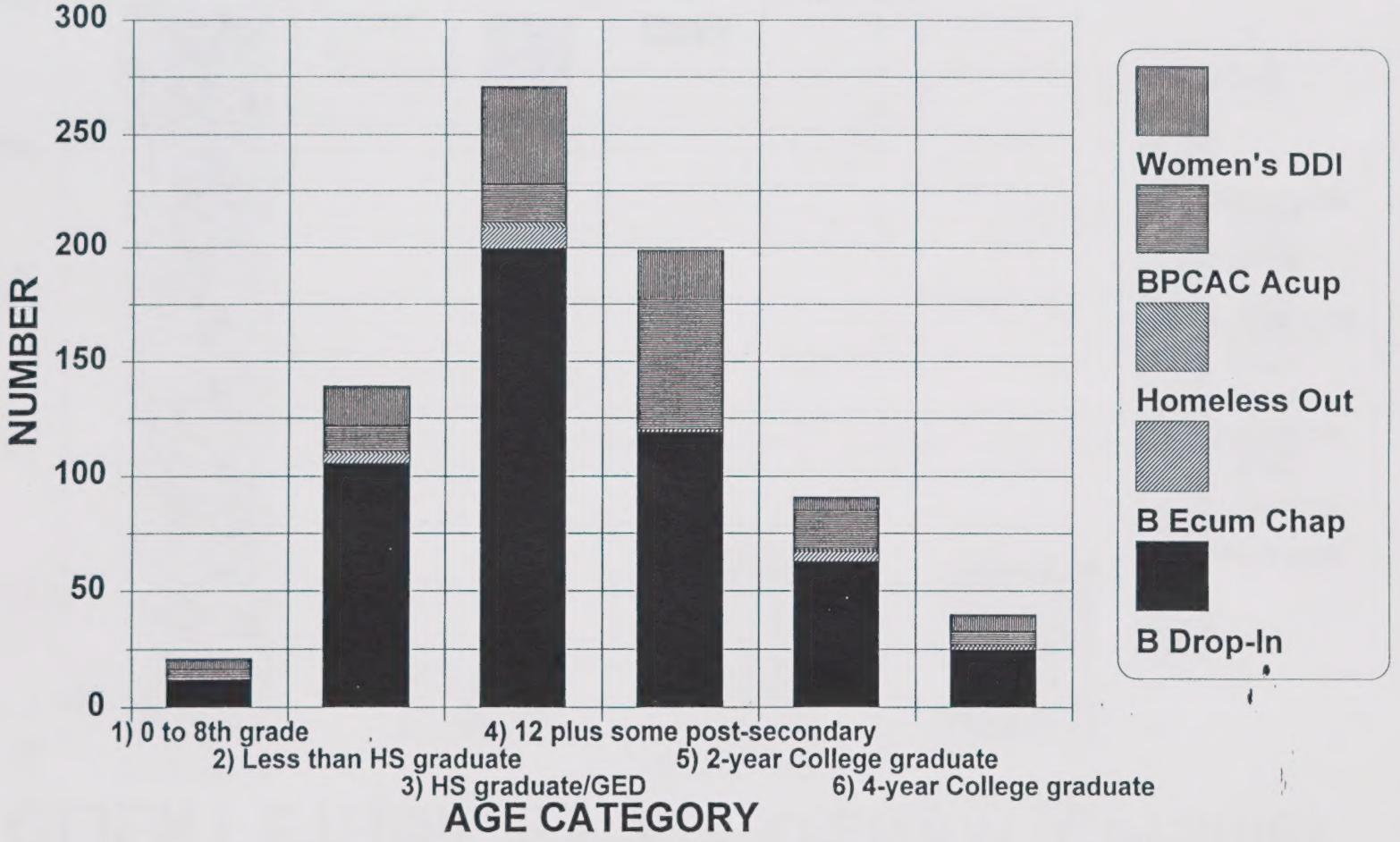
PROGRAM CLIENT CHARACTERISTICS

CLIENT ETHNICITY x PROGRAM (CProfile)



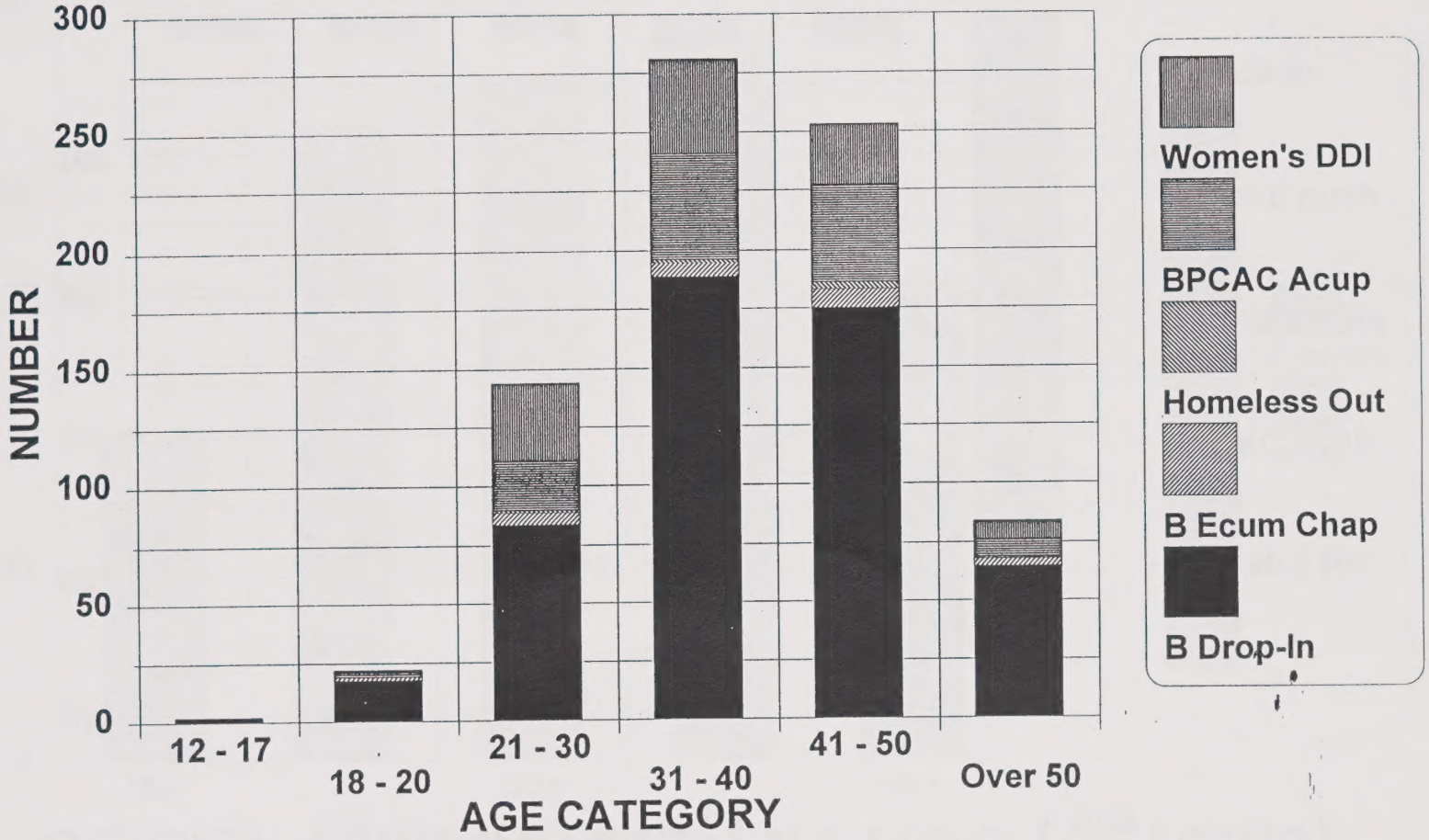
PROGRAM CLIENT CHARACTERISTICS

CLIENT EDUCATION x PROG (CProfile)



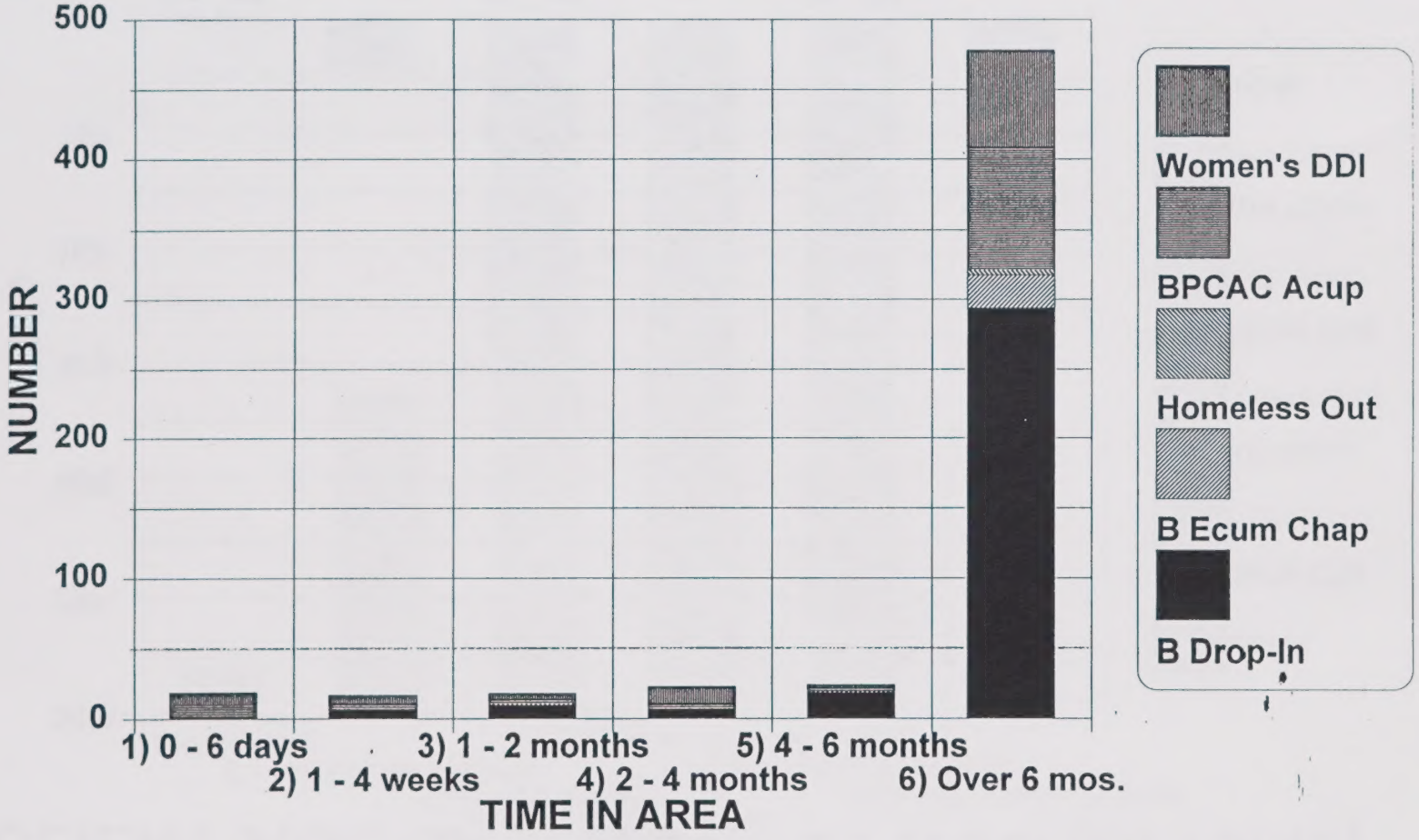
PROGRAM CLIENT CHARACTERISTICS

CLIENT AGE CATEGORY x PROG (CProfile)



PROGRAM CLIENT CHARACTERISTICS

CLIENT TIME IN AREA x PROG (CProfile)

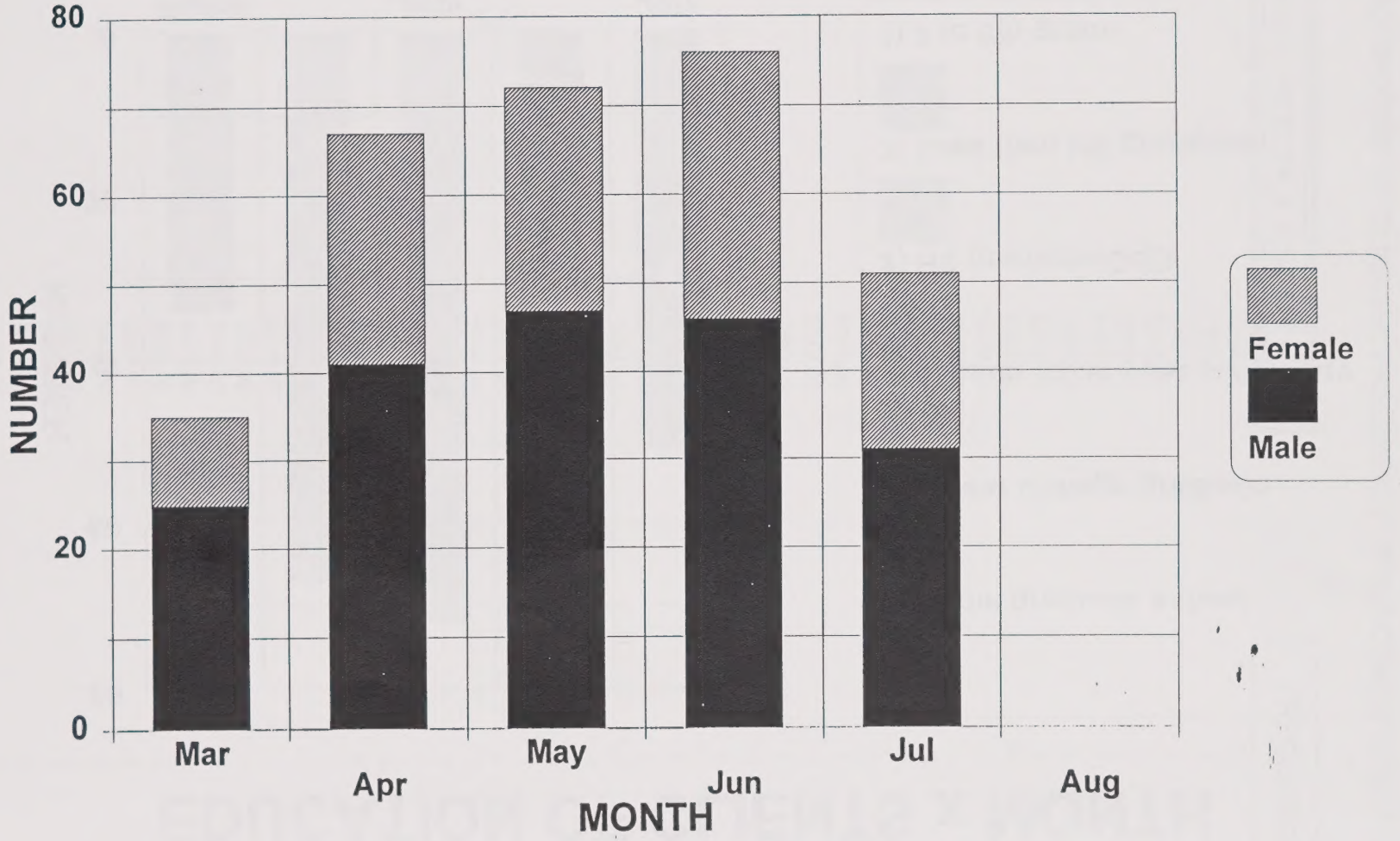


5 of.

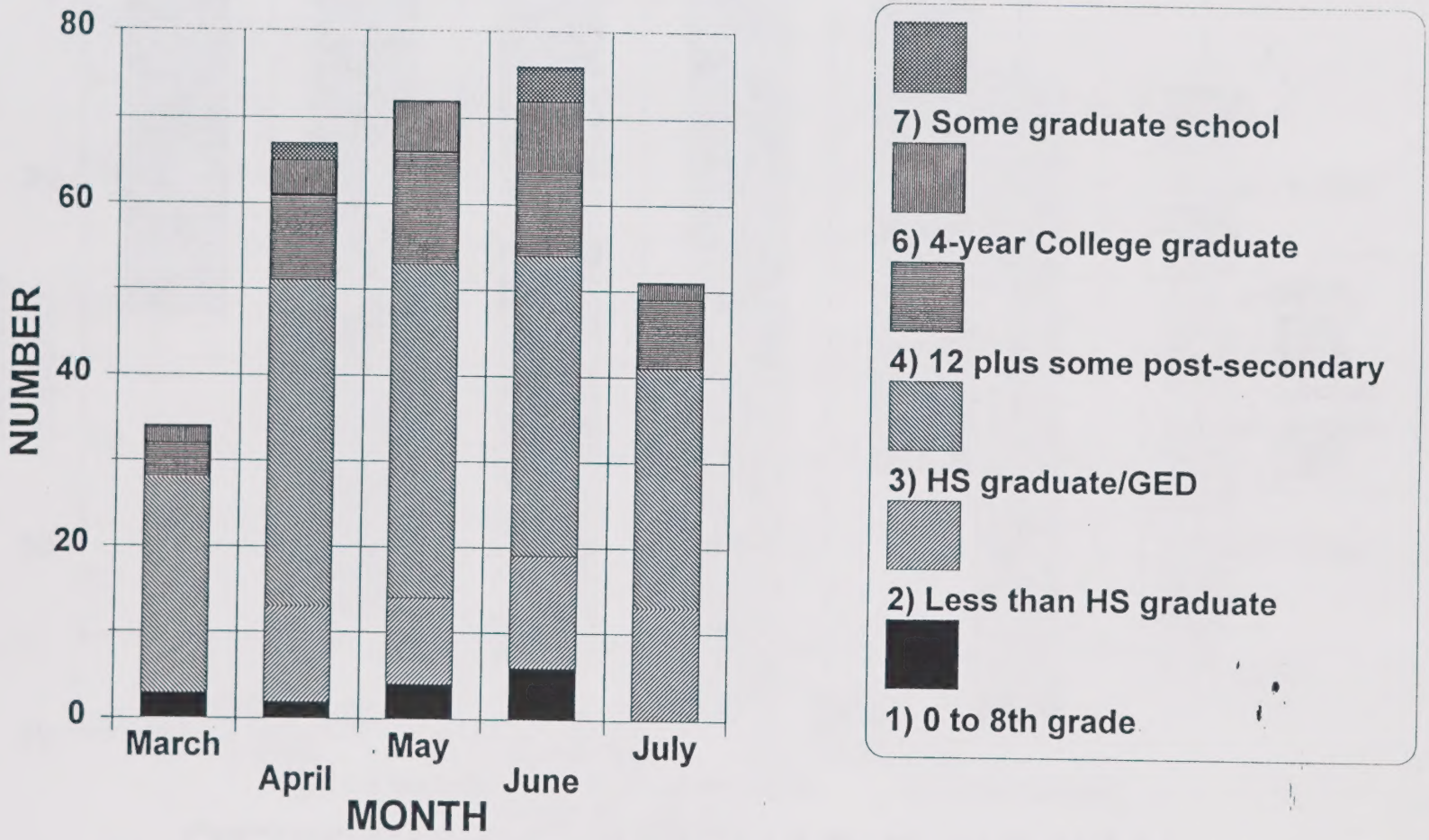
133-T.S

B. EMERGENCY FOOD PROJECT

GENDER OF CLIENTS x MONTH



B. EMERGENCY FOOD PROJECT
EDUCATION OF CLIENTS x MONTH



BERKELEY "MEASURE O" MONITORING

USUAL MONTHLY INCOME OF CLIENTS: FREQUENCY (From Client Profile Form)

CLIENT USUAL MONTHLY INCOME	FREQUENCY
$0.00	30
$22.00	1
$30.00	1
$116.00	1
$150.00	1
$181.00	1
$200.00	2
$212.00	1
$300.00	54
$310.00	1
$340.00	1
$345.00	2
$346.00	1
$350.00	1
$352.00	1
$382.00	1
$390.00	1
$400.00	4
$407.00	1
$415.00	1
$433.00	1
$440.00	1
$490.00	13
$500.00	1
$513.00	2
$520.00	2
$528.00	1
$536.00	1
$580.00	1
$595.00	1
$598.00	1
$600.00	8
$605.00	1
$607.00	7
$610.00	1
$612.00	1
$614.00	9
$615.00	1
$624.00	1
$634.00	5
$640.00	1
$648.00	1
$650.00	3
$654.00	1
$670.00	2
$675.00	1
$682.00	5
$684.00	1
$700.00	4

BERKELEY "MEASURE O" MONITORING

USUAL MONTHLY INCOME OF CLIENTS: FREQUENCY (From Client Profile Form)

CLIENT USUAL MONTHLY INCOME	FREQUENCY
$701.00	1
$702.00	3
$718.00	1
$720.00	1
$723.00	2
$727.00	1
$756.00	1
$760.00	2
$775.00	1
$780.00	1
$800.00	2
$824.00	1
$830.00	1
$900.00	1
$960.00	1
$976.00	2
$996.00	1
$1,040.00	1
$1,100.00	1
$1,200.00	5
$1,300.00	1
$1,383.34	1
$1,500.00	1
$1,624.00	1
$1,700.00	1
$2,000.00	1
$2,030.00	1
$2,333.00	1
$3,250.00	1
$5,000.00	1
OVERALL TOTAL	225

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by PROGRAM (May be multiple needs per client)

B. Drop-In Center

	Frequency
Alcohol/drug problems	29
Housing	2
Housing, food, clothing	1
In abusive relationship	2
In therapy	1
Mentally disabled	33
Need legal help	8
Needs housing	1
Needs housing assistance, PG&E	1
Out of work	1
Physically disabled	24
Pregnant	4
Sued for eviction	1
Temporary at my mom's house	1
Urgent illness	2
PROGRAM TOTAL	**111**

B. Ecumenical Chaplaincy

	Frequency
Alcohol/drug problems	7
In abusive relationship	1
Mentally disabled	17
Need legal help	1
Physically disabled	8
PROGRAM TOTAL	**34**

B. Homeless Outreach Team

	Frequency
Alcohol/drug problems	5
Mentally disabled	1
PROGRAM TOTAL	**6**

BPCAC Acupuncture Detox

	Frequency
Alcohol/drug problems	81
Chronic Allergies	1
Court probation	1
Court system	1
Depression, Anxiety	1
Free Clinic	1
Homeless	3
Homeless, unemployed	1
In abusive relationship	2
In recovery	1
Mentally disabled	21
Miagraines	1
Need legal help	1
Nicotene	1
No employment	2
Other	1

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by PROGRAM (May be multiple needs per client)

BPCAC Acupuncture Detox

	Frequency
Physical problem back/neck	1
Physically disabled	12
Pregnant	3
Probation	1
Stop smoking & calm my nervous system	1
Stop smoking, Medical card	1
Stress	2
Stress and smoking	1
TB	1
TMJ, Degenerative Disk	1
Tobacco	2
Tobacco, orthopedic problem	1
Unemployed	5
Unemployment	1
Urgent illness	1
Yes	1
PROGRAM TOTAL	**155**

Women's Daytime Drop-In

	Frequency
Alcohol/drug problems	23
Depressed and confused	1
Elderly	1
Homeless	1
In abusive relationship	27
Low income	1
Mentally disabled	19
Need legal help	16
Needs food and clothing referrals	1
Needs food and infant supplies	1
No income	2
No income; violence and rape	1
No training, never worked	1
Non-English speaking	1
Physically disabled	12
Pregnant	7
Thyroid	1
Urgent illness	1
PROGRAM TOTAL	**117**

X-NA

	Frequency
Alcohol/drug problems	2
PROGRAM TOTAL	**2**
OVERALL TOTAL	**425**

B3.41

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by GENDER (May be multiple needs per client)

Female	Frequency
Alcohol/drug problems	68
Chronic Allergies	1
Court system	1
Depressed and confused	1
Depression, Anxiety	1
Elderly	1
Free Clinic	1
Homeless	2
Housing	2
In abusive relationship	30
In recovery	1
In therapy	1
Low income	1
Mentally disabled	48
Miagraines	1
Need legal help	22
Needs food and clothing referrals	1
Needs food and infant supplies	1
No employment	2
No income	2
No income; violence and rape	1
No training, never worked	1
Non-English speaking	1
Other	1
Physically disabled	28
Pregnant	13
Stop smoking & calm my nervous system	1
Stress	1
Stress and smoking	1
TMJ, Degenerative Disk	1
Temporary at my mom's house	1
Thyroid	1
Tobacco	1
Unemployed	2
Unemployment	1
Urgent illness	3
Yes	1
GENDER TOTAL	**247**

Male	Frequency
Alcohol/drug problems	62
Court probation	1
Homeless	1
Homeless, unemployed	1
Housing, food, clothing	1
Mentally disabled	36
Need legal help	4
Needs housing	1
Nicotene	1

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by GENDER (May be multiple needs per client)

Male	Frequency
Out of work	1
Physical problem back/neck	1
Physically disabled	19
Probation	1
Stop smoking, Medical card	1
Stress	1
Sued for eviction	1
TB	1
Tobacco, orthopedic problem	1
Unemployed	2
GENDER TOTAL	**137**

X-NA	Frequency
Alcohol/drug problems	17
Homeless	1
In abusive relationship	2
Mentally disabled	7
Needs housing assistance, PG&E	1
Physically disabled	9
Pregnant	1
Tobacco	1
Unemployed	1
Urgent illness	1
GENDER TOTAL	**41**
OVERALL TOTAL	**425**

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by ETHNICITY (May be multiple needs per client)

African-American	Frequency
Alcohol/drug problems	87
Court probation	1
Court system	1
Free Clinic	1
Homeless	3
Homeless, unemployed	1
Housing	2
Housing, food, clothing	1
In abusive relationship	21
Mentally disabled	42
Miagraines	1
Need legal help	20
Needs food and infant supplies	1
Needs housing	1
Needs housing assistance, PG&E	1
No employment	2
No income	2
No training, never worked	1
Out of work	1
Physical problem back/neck	1
Physically disabled	36
Pregnant	10
Probation	1
Stop smoking, Medical card	1
Stress	1
Sued for eviction	1
Temporary at my mom's house	1
Tobacco	2
Tobacco, orthopedic problem	1
Unemployed	3
Unemployment	1
Urgent illness	3
ETHNIC GROUP TOTAL	**252**

Asian	Frequency
Alcohol/drug problems	3
In abusive relationship	1
Mentally disabled	2
Need legal help	1
Physically disabled	1
ETHNIC GROUP TOTAL	**8**

Caucasian	Frequency
Alcohol/drug problems	43
Chronic Allergies	1
Depressed and confused	1
Depression, Anxiety	1
Elderly	1
Homeless	1
In abusive relationship	7

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by ETHNICITY (May be multiple needs per client)

Caucasian	Frequency
In recovery	1
In therapy	1
Mentally disabled	39
Need legal help	4
Nicotene	1
No income; violence and rape	1
Other	1
Physically disabled	16
Pregnant	4
Stress	1
Stress and smoking	1
TB	1
TMJ, Degenerative Disk	1
Thyroid	1
Unemployed	2
Urgent illness	1
ETHNIC GROUP TOTAL	**131**

Hispanic	Frequency
Alcohol/drug problems	7
In abusive relationship	2
Mentally disabled	5
Needs food and clothing referrals	1
Non-English speaking	1
Physically disabled	1
Stop smoking & calm my nervous system	1
ETHNIC GROUP TOTAL	**18**

Native-American	Frequency
Alcohol/drug problems	2
In abusive relationship	1
Mentally disabled	1
Need legal help	1
Physically disabled	1
ETHNIC GROUP TOTAL	**6**

Other	Frequency
Alcohol/drug problems	2
Yes	1
ETHNIC GROUP TOTAL	**3**

X-NA	Frequency
Alcohol/drug problems	3
Low income	1
Mentally disabled	2
Physically disabled	1
ETHNIC GROUP TOTAL	**7**
OVERALL TOTAL	**425**

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by AGE (May be multiple needs per client)

AGE: 12 - 17	Frequency
Stress	1
AGE GROUP TOTAL	1

AGE: 18 - 20	Frequency
Alcohol/drug problems	2
Mentally disabled	4
Pregnant	1
AGE GROUP TOTAL	7

AGE: 21 - 30	Frequency
Alcohol/drug problems	31
Chronic Allergies	1
Depressed and confused	1
Depression, Anxiety	1
Homeless	1
Housing	2
In abusive relationship	11
Low income	1
Mentally disabled	16
Need legal help	5
Nicotene	1
Other	1
Physically disabled	5
Pregnant	6
Probation	1
Stress	1
TB	1
Temporary at my mom's house	1
Unemployed	1
Unemployment	1
AGE GROUP TOTAL	89

AGE: 31 - 40	Frequency
Alcohol/drug problems	53
Court system	1
Homeless	3
Housing, food, clothing	1
In abusive relationship	10
In recovery	1
In therapy	1
Mentally disabled	25
Miagraines	1
Need legal help	12
Needs food and infant supplies	1
Needs housing	1
No employment	2
No income; violence and rape	1

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by AGE (May be multiple needs per client)

AGE: 31 - 40	Frequency
No training, never worked	1
Non-English speaking	1
Physically disabled	18
Pregnant	4
Sued for eviction	1
Thyroid	1
Tobacco, orthopedic problem	1
Unemployed	1
Urgent illness	1
AGE GROUP TOTAL	142

AGE: 41 - 50	Frequency
Alcohol/drug problems	54
Court probation	1
Free Clinic	1
Homeless, unemployed	1
In abusive relationship	10
Mentally disabled	34
Need legal help	8
Needs food and clothing referrals	1
Needs housing assistance, PG&E	1
No income	1
Out of work	1
Physical problem back/neck	1
Physically disabled	23
Pregnant	2
Stop smoking & calm my nervous system	1
Stress and smoking	1
TMJ, Degenerative Disk	1
Tobacco	2
Unemployed	2
Urgent illness	2
AGE GROUP TOTAL	148

AGE: Over 50	Frequency
Alcohol/drug problems	5
Elderly	1
In abusive relationship	1
Mentally disabled	11
Need legal help	1
No income	1
Physically disabled	10
Stop smoking, Medical card	1
Unemployed	1
Urgent illness	1
Yes	1
AGE GROUP TOTAL	34

BERKELEY "MEASURE O" MONITORING

CLIENT SPECIAL NEEDS by AGE (May be multiple needs per client)

AGE: X-NA

	Frequency
Alcohol/drug problems	2
Mentally disabled	1
Pregnant	1
AGE GROUP TOTAL	**4**
OVERALL TOTAL	**425**

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by PROGRAM

B. Drop-In Center	Frequency
BDIC	1
Emergency Shelter	2
Homeless	1
Homeless BAIC	1
Motel	1
Rent: Apartment, Efficiency, House	17
Rent: Boarding home, Board & Care	3
Rent: Hotel, SRO, Rooming House	4
Residential Board and Care Home	1
Residential Treatment Program	2
Rural Outdoors (woods, tent, cave)	2
Shelter	4
Shelter, BDIC	1
Someone else's apartment or house	17
Transitional Housing	4
Unknown	2
Urban Outdoors (sidewalk, doorway, park)	6
PROGRAM TOTAL	**69**

B. Ecumenical Chaplaincy	Frequency
Oakland Homeless Project	1
Rent: Apartment, Efficiency, House	16
Rent: Hotel, SRO, Rooming House	1
Someone else's apartment or house	1
Transitional Housing	2
Urban Outdoors (sidewalk, doorway, park)	2
VA Shelter	1
PROGRAM TOTAL	**24**

B. Homeless Outreach Team	Frequency
Other	2
Shelter	3
Urban Outdoors (sidewalk, doorway, park)	2
PROGRAM TOTAL	**7**

BPCAC Acupuncture Detox	Frequency
Automobile	1
Does pay rent	1
Foster home	1
Homeless	3
Rent: Apartment, Efficiency, House	42
Rent: Boarding home, Board & Care	1
Rent: Hotel, SRO, Rooming House	5
Residential Treatment Program	12
Shelter	11
Someone else's apartment or house	19

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by PROGRAM

BPCAC Acupuncture Detox	Frequency
Transitional Housing	3
Urban Outdoors (sidewalk, doorway, park)	3
With parents	1
Yes	1
PROGRAM TOTAL	**104**

Women's Daytime Drop-In	Frequency
Harrison House	1
Motel	2
Rent: Apartment, Efficiency, House	41
Rent: Hotel, SRO, Rooming House	6
Shelter	12
Someone else's apartment or house	38
With ex-husband	1
Women's Refuge	1
Women's Refuse Shelter	1
PROGRAM TOTAL	**103**

X-NA	Frequency
Living out in street	1
Shelter	1
PROGRAM TOTAL	**2**
OVERALL TOTAL	**309**

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by GENDER

Female	Frequency
Does pay rent	1
Emergency Shelter	1
Foster home	1
Harrison House	1
Homeless	1
Motel	2
Other	1
Rent: Apartment, Efficiency, House	76
Rent: Boarding home, Board & Care	2
Rent: Hotel, SRO, Rooming House	9
Residential Board and Care Home	1
Residential Treatment Program	3
Rural Outdoors (woods, tent, cave)	1
Shelter	20
Someone else's apartment or house	53
Transitional Housing	4
Urban Outdoors (sidewalk, doorway, park)	2
With ex-husband	1
Women's Refuge	1
Women's Refuse Shelter	1
Yes	1
GENDER TOTAL	**183**

Male	Frequency
Automobile	1
BDIC	1
Emergency Shelter	1
Homeless	2
Homeless BAIC	1
Living out in street	1
Oakland Homeless Project	1
Other	1
Rent: Apartment, Efficiency, House	29
Rent: Boarding home, Board & Care	2
Rent: Hotel, SRO, Rooming House	6
Residential Treatment Program	10
Rural Outdoors (woods, tent, cave)	1
Shelter	9
Shelter, BDIC	1
Someone else's apartment or house	12
Transitional Housing	5
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	10
VA Shelter	1
GENDER TOTAL	**96**

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by GENDER

X-NA	Frequency
Homeless	1
Motel	1
Rent: Apartment, Efficiency, House	11
Rent: Hotel, SRO, Rooming House	1
Residential Treatment Program	1
Shelter	2
Someone else's apartment or house	10
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	1
With parents	1
GENDER TOTAL	**30**
OVERALL TOTAL	**309**

33.9.1

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by ETHNICITY

African-American	Frequency
BDIC	1
Does pay rent	1
Emergency Shelter	2
Harrison House	1
Homeless	3
Homeless BAIC	1
Motel	2
Other	2
Rent: Apartment, Efficiency, House	70
Rent: Boarding home, Board & Care	2
Rent: Hotel, SRO, Rooming House	8
Residential Treatment Program	6
Rural Outdoors (woods, tent, cave)	2
Shelter	16
Shelter, BDIC	1
Someone else's apartment or house	49
Transitional Housing	4
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	9
VA Shelter	1
Women's Refuge	1
Women's Refuse Shelter	1
ETHNIC GROUP TOTAL	**184**

Asian	Frequency
Rent: Apartment, Efficiency, House	2
Residential Treatment Program	2
Someone else's apartment or house	2
ETHNIC GROUP TOTAL	**6**

Caucasian	Frequency
Automobile	1
Foster home	1
Homeless	1
Oakland Homeless Project	1
Rent: Apartment, Efficiency, House	35
Rent: Boarding home, Board & Care	2
Rent: Hotel, SRO, Rooming House	7
Residential Board and Care Home	1
Residential Treatment Program	4
Shelter	10
Someone else's apartment or house	20
Transitional Housing	5
Urban Outdoors (sidewalk, doorway, park)	2
ETHNIC GROUP TOTAL	**90**

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by ETHNICITY

Hispanic	Frequency
Motel	1
Rent: Apartment, Efficiency, House	5
Rent: Hotel, SRO, Rooming House	1
Residential Treatment Program	2
Shelter	2
Someone else's apartment or house	1
Urban Outdoors (sidewalk, doorway, park)	1
ETHNIC GROUP TOTAL	**13**

Native-American	Frequency
Rent: Apartment, Efficiency, House	2
With ex-husband	1
With parents	1
ETHNIC GROUP TOTAL	**4**

Other	Frequency
Rent: Apartment, Efficiency, House	1
Shelter	1
Yes	1
ETHNIC GROUP TOTAL	**3**

X-NA	Frequency
Rent: Apartment, Efficiency, House	1
Shelter	2
Someone else's apartment or house	3
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	1
ETHNIC GROUP TOTAL	**8**
OVERALL TOTAL	**308**

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by AGE

AGE: 12 - 17	Frequency
Foster home	1
AGE GROUP TOTAL	1

AGE: 18 - 20	Frequency
Oakland Homeless Project	1
Rent: Apartment, Efficiency, House	2
Shelter	1
Someone else's apartment or house	3
AGE GROUP TOTAL	7

AGE: 21 - 30	Frequency
Homeless	1
Motel	1
Rent: Apartment, Efficiency, House	19
Rent: Hotel, SRO, Rooming House	2
Residential Treatment Program	5
Rural Outdoors (woods, tent, cave)	1
Shelter	7
Shelter, BDIC	1
Someone else's apartment or house	22
Transitional Housing	1
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	3
With ex-husband	1
Women's Refuse Shelter	1
AGE GROUP TOTAL	66

AGE: 31 - 40	Frequency
BDIC	1
Emergency Shelter	1
Harrison House	1
Homeless	1
Motel	1
Rent: Apartment, Efficiency, House	41
Rent: Boarding home, Board & Care	3
Rent: Hotel, SRO, Rooming House	5
Residential Treatment Program	5
Shelter	9
Someone else's apartment or house	24
Transitional Housing	5
Urban Outdoors (sidewalk, doorway, park)	4
VA Shelter	1
With parents	1
Women's Refuge	1
AGE GROUP TOTAL	104

BERKELEY "MEASURE O" MONITORING

CLIENT RECENT HOUSING by AGE

AGE: 41 - 50	Frequency
Automobile	1
Does pay rent	1
Homeless	2
Homeless BAIC	1
Motel	1
Other	2
Rent: Apartment, Efficiency, House	43
Rent: Hotel, SRO, Rooming House	4
Residential Board and Care Home	1
Residential Treatment Program	3
Rural Outdoors (woods, tent, cave)	1
Shelter	12
Someone else's apartment or house	20
Transitional Housing	3
Unknown	1
Urban Outdoors (sidewalk, doorway, park)	5
AGE GROUP TOTAL	**101**

AGE: Over 50	Frequency
Emergency Shelter	1
Living out in street	1
Rent: Apartment, Efficiency, House	10
Rent: Boarding home, Board & Care	1
Rent: Hotel, SRO, Rooming House	4
Shelter	1
Someone else's apartment or house	6
Urban Outdoors (sidewalk, doorway, park)	1
Yes	1
AGE GROUP TOTAL	**26**

AGE: X-NA	Frequency
Rent: Apartment, Efficiency, House	1
Rent: Hotel, SRO, Rooming House	1
Residential Treatment Program	1
Shelter	1
AGE GROUP TOTAL	**4**
OVERALL TOTAL	**309**

BERKELEY "MEASURE O" MONITORING

SUMMARY: TYPE OF REFERRAL SOURCE (From Client Profile Form)

CLIENT REFERRAL SOURCE	FREQUENCY
711 Shelter	3
AA Meeting	3
Alameda County Shelter + Care	1
Aunt	1
BEFP - Trinity	1
BHA	1
BMH	2
BOSS/MASC	14
BPCAC	3
BPCAC Acupuncture De-Tox	9
Berkeley Crt Project	1
Berkeley Drop-In Center	18
Berkeley Emergency Food Project	18
Berkeley Free Clinic	1
Berkeley Guides/Ambassadors	1
Berkeley Homeless Outreach Team	11
Berkeley Housing Authority	1
Berkeley Law Center	1
Berkeley Primary Care	1
Center of Care	1
Center of Care, Oakland	1
Chyrasalis	1
City or Berkeley PHN	1
Client Ref from BEFP	1
Client Referral	32
Cousin	1
Drug diversion	1
Dwight Way	2
Dwight Way - another client	1
EOCP Shelter	1
Flyer	5
Flyer at Bates	1
Friend	42
Friend at Harrison House	1
Friend with flyer	1
Friend, AA-12-Step	1
Herrick Hospital	1
Homeless Action	1
Homeless Outreach	1
Jobs Consortium	4
List	1
Midway Shelter - Alameda	1
Mother	2
New Bridge	16
Oakland Crisis Response	2
Other	1
Other women in progress	1
Outreach	1
Over 60 Clinic	2

BERKELEY "MEASURE O" MONITORING

SUMMARY: TYPE OF REFERRAL SOURCE (From Client Profile Form)

CLIENT REFERRAL SOURCE	FREQUENCY
Phone Book	1
Primary Access Clinic	1
Psychiatrist	1
Resource Guide	1
Self	1
Social Security Office	1
Staff at BDIC	1
Suicide Prevention	1
The SST	8
Walk-In	37
West Berkeley Center	1
Women's Center	1
Women's Daytime Drop-In	19
Women's Refuge	16
Yellow Pages / Catholic Charities	1
Yes	1
OVERALL TOTAL	**311**

134.2.1

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by PROGRAM

B. Drop-In Center	Frequency
AA Meeting	1
Alameda County Shelter + Care	1
BHA	1
BOSS/MASC	2
Berkeley Drop-In Center	15
Berkeley Homeless Outreach Team	1
Client Referral	4
Cousin	1
Friend	14
Homeless Outreach	1
Job Consortium	1
Over 60 Clinic	1
Psychiatrist	1
Resource Guide	1
Staff at BDIC	1
Suicide Prevention	1
The SST	5
Walk-In	14
Women's Daytime Drop-In	1
PROGRAM TOTAL	**67**

B. Ecumenical Chaplaincy	Frequency
BOSS/MASC	1
Berkeley Emergency Food Project	1
Berkeley Law Center	1
Social Security Office	1
PROGRAM TOTAL	**4**

B. Homeless Outreach Team	Frequency
Berkeley Emergency Food Project	1
Berkeley Homeless Outreach Team	4
Berkeley Primary Care	1
Jobs Consortium	1
PROGRAM TOTAL	**7**

BPCAC Acupuncture Detox	Frequency
711 Shelter	3
AA Meeting	2
Aunt	1
BEFP - Trinity	1
BMH	1
BOSS/MASC	6
BPCAC Acupuncture De-Tox	12
Berkeley Crt Project	1
Berkeley Drop-In Center	1
Berkeley Emergency Food Project	1

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by PROGRAM

BPCAC Acupuncture Detox	Frequency
Berkeley Free Clinic	1
Berkeley Homeless Outreach Team	6
Center of Care, Oakland	2
Chyrasalis	1
City or Berkeley PHN	1
Drug diversion	1
EOCP Shelter	1
Flyer	5
Flyer at Bates	1
Friend	27
Friend at Harrison House	1
Friend with flyer	1
Friend, AA-12-Step	1
Herrick Hospital	1
Jobs Consortium	2
Mother	2
New Bridge	16
Oakland Crisis Response	2
Outreach	1
Primary Access Clinic	1
Self	1
Walk-In	8
West Berkeley Center	1
Yes	1
PROGRAM TOTAL	**114**

Women's Daytime Drop-In	Frequency
BOSS/MASC	4
Berkeley Drop-In Center	1
Berkeley Emergency Food Project	15
Berkeley Guides/Ambassadors	1
Berkeley Housing Authority	1
Client Referral	28
Client Referral from BEFP	1
Dwight Way	2
Dwight Way - another client	1
Friend	1
Homeless Action	1
List	1
Midway Shelter - Alameda	1
Other	1
Other women in progress	1
Over 60 Clinic	1
Phone Book	1
The SST	1
Walk-In	14
Women's Center	1
Women's Daytime Drop-In	18

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by PROGRAM

Women's Daytime Drop-In	Frequency
Women's Refuge	16
Yellow Pages / Catholic Charities	1
PROGRAM TOTAL	113

X-NA	Frequency
BMH	1
BOSS/MASC	1
Berkeley Drop-In Center	1
Walk-In	1
PROGRAM TOTAL	4
OVERALL TOTAL	309

B4.3.I

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by GENDER

Female	Frequency
AA Meeting	2
Alameda County Shelter + Care	1
Aunt	1
BMH	1
BOSS/MASC	9
BPCAC Acupuncture De-Tox	7
Berkeley Drop-In Center	11
Berkeley Emergency Food Project	16
Berkeley Guides/Ambassadors	1
Berkeley Homeless Outreach Team	2
Berkeley Housing Authority	1
Berkeley Primary Care	1
Center of Care	1
Center of Care, Oakland	1
Chyrasalis	1
Client	2
Client Ref from BEFP	1
Client Referral	27
Dwight Way	2
Dwight Way - another client	1
EOCP Shelter	1
Flyer	2
Friend	21
Friend at Harrison House	1
Friend, AA-12-Step	1
Herrick Hospital	1
Homeless Action	1
List	1
Midway Shelter - Alameda	1
Mother	2
New Bridge	4
Oakland Crisis Response	1
Other	1
Other women in progress	1
Over 60 Clinic	2
Primary Access Clinic	1
Psychiatrist	1
Resource Guide	1
The SST	5
Walk-In	22
Women's Center	1
Women's Daytime Drop-In	19
Women's Refuge	15
Yellow Pages / Catholic Charities	1
GENDER TOTAL	**196**

Male	Frequency
711 Shelter	2
AA Meeting	1
BEFP - Trinity	1

81.

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by GENDER

Male	Frequency
BHA	1
BMH	1
BOSS/MASC	4
BPCAC Acupuncture De-Tox	4
Berkeley Crt Project	1
Berkeley Drop-In Center	7
Berkeley Emergency Food Project	2
Berkeley Free Clinic	1
Berkeley Homeless Outreach Team	7
Berkeley Law Center	1
Cousin	1
Drug diversion	1
Flyer	2
Flyer at Bates	1
Friend	14
Friend with flyer	1
Homeless Outreach	1
Jobs Consortium	3
New Bridge	11
Oakland Crisis Response	1
Outreach	1
Self	1
Social Security Office	1
Staff at BDIC	1
The SST	2
Walk-In	9
Yes	1
GENDER TOTAL	**85**

X-NA	Frequency
711 Shelter	1
BOSS/MASC	1
BPCAC	1
Berkeley Homeless Outreach Team	2
City or Berkeley PHN	1
Client Referral	3
Flyer	1
Friend	7
Jobs Consortium	1
Newbridge	1
Phone Book	1
Suicide Prevention	1
The SST	1
Walk-In	6
West Berkeley Center	1
Women's Refuge	1
GENDER TOTAL	**30**
OVERALL TOTAL	**311**

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by ETHNICITY

African-American	Frequency
711 Shelter	1
AA Meeting	1
Aunt	1
BEFP - Trinity	1
BHA	1
BOSS/MASC	5
BPCAC Acupuncture De-Tox	8
Berkeley Crt Project	1
Berkeley Drop-In Center	13
Berkeley Emergency Food Project	8
Berkeley Guides/Ambassadors	1
Berkeley Homeless Outreach Team	9
Berkeley Housing Authority	1
Berkeley Law Center	1
Berkeley Primary Care	1
Center of Care, Oakland	2
Chyrasalis	1
Client Ref from BEFP	1
Client Referral	22
Cousin	1
Drug diversion	1
Dwight Way	1
Dwight Way - another client	1
Flyer	3
Flyer at Bates	1
Friend	24
Friend at Harrison House	1
Friend with flyer	1
Herrick Hospital	1
Homeless Action	1
Jobs Consortium	2
Mother	1
New Bridge	6
Oakland Crisis Response	2
Other women in progress	1
Over 60 Clinic	1
Psychiatrist	1
Resource Guide	1
Self	1
Social Security Office	1
Staff at BDIC	1
The SST	5
Walk-In	27
Women's Center	1
Women's Daytime Drop-In	12
Women's Refuge	11
Yellow Pages / Catholic Charities	1
Yes	1
ETHNIC GROUP TOTAL	**191**

B4.4.2

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by ETHNICITY

Asian

	Frequency
Job Consortium	1
New Bridge	2
West Berkeley Center	1
Women's Refuge	1
ETHNIC GROUP TOTAL	**5**

Caucasian

	Frequency
711 Shelter	2
AA Meeting	2
Alameda County Shelter + Care	1
Another client	1
BMH	1
BOSS/MASC	7
BPCAC Acupuncture De-Tox	4
Berkeley Drop-In Center	5
Berkeley Emergency Food Project	7
Berkeley Free Clinic	1
Berkeley Homeless Outreach Team	2
Client Referral	2
Client Referral	4
Dwight Way	1
Flyer	2
Friend	16
Friend, AA-12-Step	1
Homeless Outreach	1
List	1
Mom	1
New Bridge	6
Outreach	1
Over 60 Clinic	1
Phone Book	1
Primary Access Clinic	1
SSI	1
Suicide Prevention	1
The SST	1
Walk-In	8
Women's Daytime Drop-In	3
Women's Refuge	3
ETHNIC GROUP TOTAL	**89**

Hispanic

	Frequency
A friend	1
BOSS/MASC	2
Berkeley Emergency Food Project	1
Client Ref	3
Midway Shelter - Alameda	1
New Bridge	2

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by ETHNICITY

Hispanic	Frequency
Women's Daytime Drop-In	3
ETHNIC GROUP TOTAL	13

Native-American	Frequency
BMH	1
Berkeley Emergency Food Project	1
City or Berkeley PHN	1
Walk-In	1
Women's Refuge	1
ETHNIC GROUP TOTAL	5

Other	Frequency
Berkeley Emergency Food Project	1
Friend	1
ETHNIC GROUP TOTAL	2

X-NA	Frequency
Client Referral	1
EOCP Shelter	1
Jobs Consortium	1
The SST	1
Walk-In	1
Women's Daytime Drop-In	1
ETHNIC GROUP TOTAL	6
OVERALL TOTAL	311

B4.5.1

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by AGE

AGE: 12 - 17	Frequency
Mom	1
AGE GROUP TOTAL	1

AGE: 18 - 20	Frequency
EOCP Shelter	1
Friend	2
New Bridge	1
The SST	1
Walk-In	2
AGE GROUP TOTAL	7

AGE: 21 - 30	Frequency
711 Shelter	1
AA Meeting	3
BHA	1
BOSS/MASC	1
Berkeley Drop-In Center	3
Berkeley Emergency Food Project	4
Berkeley Homeless Outreach Team	3
Berkeley Housing Authority	1
Center of Care	1
Client Referral	14
Dwight Way	1
Flyer	1
Friend	7
Friend at Harrison House	1
Jobs Consortium	1
Midway Shelter - Alameda	1
New Bridge	5
Primary Access Clinic	1
The SST	2
Walk-In	7
West Berkeley Center	1
Women's Daytime Drop-In	4
Women's Refuge	7
AGE GROUP TOTAL	71

AGE: 31 - 40	Frequency
711 Shelter	1
Alameda County Shelter + Care	1
Aunt	1
BEFP - Trinity	1
BOSS/MASC	5
BPCAC Acupuncture De-Tox	5
Berkeley Drop-In Center	3
Berkeley Emergency Food Project	6

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by AGE

AGE: 31 - 40	Frequency
Berkeley Homeless Outreach Team	2
Center of Care, Oakland	1
Chyrasalis	1
City or Berkeley PHN	1
Client Referral	11
Cousin	1
Drug diversion	1
Dwight Way	1
Flyer	2
Friend	11
Friend with flyer	1
Friend, AA-12-Step	1
Herrick Hospital	1
Homeless Action	1
New Bridge	5
Other women in progress	1
Outreach	1
Social Security Office	1
Staff at BDIC	1
Suicide Prevention	1
The SST	3
Walk-In	12
Women's Center	1
Women's Daytime Drop-In	8
Women's Refuge	6
Yes	1
AGE GROUP TOTAL	**100**

AGE: 41 - 50	Frequency
711 Shelter	1
BMH	1
BOSS/MASC	8
BPCAC	3
BPCAC Acupuncture De-Tox	4
Berkeley Crt Project	1
Berkeley Drop-In Center	11
Berkeley Emergency Food Project	6
Berkeley Guides/Ambassadors	1
Berkeley Homeless Outreach Team	6
Berkeley Law Center	1
Berkeley Primary Care	1
Client Referral	3
Client Referral from BEFP	1
Client of Program	1
Dwight Way - another client	1
Flyer	2
Flyer at Bates	1
Friend	16
Homeless Outreach	1

BERKELEY "MEASURE O" MONITORING

REFERRAL SOURCE by AGE

AGE: 41 - 50	Frequency
Jobs Consortium	2
Mother	1
New Bridge	5
Oakland Crisis Response	2
Other	1
Phone Book	1
Psychiatrist	1
Resource Guide	1
Self	1
The SST	1
Walk-In	13
Women's Daytime Drop-In	5
Women's Refuge	2
Yellow Pages / Catholic Charities	1
AGE GROUP TOTAL	**107**

AGE: Over 50	Frequency
BMH	1
Berkeley Drop-In Center	1
Berkeley Emergency Food Project	2
Berkeley Free Clinic	1
Client Referral	2
Friend	5
List	1
Over 60 Clinic	2
The SST	1
Walk-In	3
Women's Daytime Drop-In	2
Women's Refuge	1
AGE GROUP TOTAL	**22**

AGE: X-NA	Frequency
Client Referral	1
Friend	1
Jobs Consortium	1
AGE GROUP TOTAL	**3**
OVERALL TOTAL	**311**

BERKELEY "MEASURE O" MONITORING

SUMMARY: TYPE OF PROGRAM REFERRED TO (From Client Profile Form)

TYPE OF PROGRAM CLIENT REFERRED TO	FREQUENCY
Medical Care Facility #1 (Berkeley)	51
Medical Care Facility #1 (Non-Berkeley)	7
Medical Care Facility #2 (Berkeley)	2
Medical Care Facility #2 (Non-Berkeley)	1
Medical Care Facility (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	82
Outpatient Program #2 (Berkeley)	11
Outpatient Program #3 (Berkeley)	4
Outpatient Program #4 (Berkeley)	1
Outpatient Program (Non-Berkeley)	6
Permanent (Section 8) Housing (Berkeley)	27
Permanent (Section 8) Housing (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	6
Residential AOD Treatment (Non-Berkeley)	10
Shelter + Care - Outside Berkeley	1
Shelter + Care - in Berkeley	39
Shelter - Outside Berkeley	10
Shelter - in Berkeley	35
Transitional Housing (Berkeley)	27
OVERALL TOTAL	**322**

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by PROGRAM

B. Drop-In Center

	Frequency
Medical Care Facility #1 (Berkeley)	2
Permanent (Section 8) Housing (Berkeley)	3
Residential AOD Treatment (Berkeley)	1
Residential AOD Treatment (Non-Berkeley)	1
Shelter + Care - in Berkeley	13
Shelter - Outside Berkeley	2
Shelter - in Berkeley	6
PROGRAM TOTAL	**28**

B. Ecumenical Chaplaincy

	Frequency
Outpatient Program #1 (Berkeley)	1
Residential AOD Treatment (Non-Berkeley)	1
PROGRAM TOTAL	**2**

B. Homeless Outreach Team

	Frequency
Residential AOD Treatment (Non-Berkeley)	4
PROGRAM TOTAL	**4**

BPCAC Acupuncture Detox

	Frequency
Medical Care Facility #1 (Berkeley)	33
Medical Care Facility #1 (Non-Berkeley)	2
Outpatient Program #1 (Berkeley)	37
Outpatient Program #2 (Berkeley)	1
Outpatient Program (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	2
Shelter + Care - in Berkeley	1
Shelter - in Berkeley	1
PROGRAM TOTAL	**78**

Women's Daytime Drop-In

	Frequency
Medical Care Facility #1 (Berkeley)	16
Medical Care Facility #1 (Non-Berkeley)	5
Medical Care Facility #2 (Berkeley)	2
Medical Care Facility #2 (Non-Berkeley)	1
Medical Care Facility (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	44
Outpatient Program #2 (Berkeley)	10
Outpatient Program #3 (Berkeley)	4
Outpatient Program #4 (Berkeley)	1
Outpatient Program (Non-Berkeley)	5
Permanent (Section 8) Housing (Berkeley)	24
Permanent (Section 8) Housing (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	3
Residential AOD Treatment (Non-Berkeley)	4
Shelter + Care - Outside Berkeley	1
Shelter + Care - in Berkeley	25

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by PROGRAM

Women's Daytime Drop-In	Frequency
Shelter - Outside Berkeley	8
Shelter - in Berkeley	28
Transitional Housing (Berkeley)	27
PROGRAM TOTAL	**210**
OVERALL TOTAL	**322**

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by GENDER

Female	Frequency
Medical Care Facility #1 (Berkeley)	28
Medical Care Facility #1 (Non-Berkeley)	5
Medical Care Facility #2 (Berkeley)	2
Medical Care Facility #2 (Non-Berkeley)	1
Medical Care Facility (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	60
Outpatient Program #2 (Berkeley)	11
Outpatient Program #3 (Berkeley)	4
Outpatient Program #4 (Berkeley)	1
Outpatient Program (Non-Berkeley)	5
Permanent (Section 8) Housing (Berkeley)	24
Permanent (Section 8) Housing (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	3
Residential AOD Treatment (Non-Berkeley)	4
Shelter + Care - Outside Berkeley	1
Shelter + Care - in Berkeley	33
Shelter - Outside Berkeley	7
Shelter - in Berkeley	29
Transitional Housing (Berkeley)	24
GENDER TOTAL	**244**

Male	Frequency
Medical Care Facility #1 (Berkeley)	19
Medical Care Facility #1 (Non-Berkeley)	2
Outpatient Program #1 (Berkeley)	20
Outpatient Program (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	3
Residential AOD Treatment (Non-Berkeley)	5
Shelter + Care - in Berkeley	5
Shelter - in Berkeley	3
GENDER TOTAL	**58**

X-NA	Frequency
Medical Care Facility #1 (Berkeley)	4
Outpatient Program #1 (Berkeley)	2
Permanent (Section 8) Housing (Berkeley)	3
Residential AOD Treatment (Non-Berkeley)	1
Shelter + Care - in Berkeley	1
Shelter - Outside Berkeley	3
Shelter - in Berkeley	3
Transitional Housing (Berkeley)	3
GENDER TOTAL	**20**
OVERALL TOTAL	**322**

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by ETHNICITY

African-American

	Frequency
Medical Care Facility #1 (Berkeley)	36
Medical Care Facility #1 (Non-Berkeley)	5
Medical Care Facility #2 (Berkeley)	2
Medical Care Facility #2 (Non-Berkeley)	1
Medical Care Facility (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	51
Outpatient Program #2 (Berkeley)	8
Outpatient Program #3 (Berkeley)	3
Outpatient Program (Non-Berkeley)	5
Permanent (Section 8) Housing (Berkeley)	16
Permanent (Section 8) Housing (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	6
Residential AOD Treatment (Non-Berkeley)	8
Shelter + Care - in Berkeley	29
Shelter - Outside Berkeley	6
Shelter - in Berkeley	25
Transitional Housing (Berkeley)	17
ETHNIC GROUP TOTAL	**220**

Asian

	Frequency
Shelter + Care - in Berkeley	1
Shelter - in Berkeley	1
ETHNIC GROUP TOTAL	**2**

Caucasian

	Frequency
Medical Care Facility #1 (Berkeley)	13
Medical Care Facility #1 (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	25
Outpatient Program #2 (Berkeley)	2
Outpatient Program (Non-Berkeley)	1
Permanent (Section 8) Housing (Berkeley)	8
Residential AOD Treatment (Non-Berkeley)	1
Shelter + Care - in Berkeley	6
Shelter - Outside Berkeley	3
Shelter - in Berkeley	3
Transitional Housing (Berkeley)	7
ETHNIC GROUP TOTAL	**70**

Hispanic

	Frequency
Outpatient Program #1 (Berkeley)	3
Outpatient Program #2 (Berkeley)	1
Outpatient Program #3 (Berkeley)	1
Outpatient Program #4 (Berkeley)	1
Permanent (Section 8) Housing (Berkeley)	3
Shelter + Care - in Berkeley	1
Shelter - Outside Berkeley	1

B4.9.2

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by ETHNICITY

Hispanic	Frequency
Shelter - in Berkeley	5
Transitional Housing (Berkeley)	2
ETHNIC GROUP TOTAL	18

Native-American	Frequency
Medical Care Facility #1 (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	1
Shelter + Care - in Berkeley	1
Transitional Housing (Berkeley)	1
ETHNIC GROUP TOTAL	4

Other	Frequency
Medical Care Facility #1 (Berkeley)	1
Residential AOD Treatment (Non-Berkeley)	1
ETHNIC GROUP TOTAL	2

X-NA	Frequency
Medical Care Facility #1 (Berkeley)	1
Outpatient Program #1 (Berkeley)	2
Shelter + Care - Outside Berkeley	1
Shelter + Care - in Berkeley	1
Shelter - in Berkeley	1
ETHNIC GROUP TOTAL	6
OVERALL TOTAL	322

BERKELEY "MEASURE O" MONITORING

CLIENT REFERRAL TO, by AGE

AGE: 21 - 30

	Frequency
Medical Care Facility #1 (Berkeley)	14
Medical Care Facility #1 (Non-Berkeley)	2
Outpatient Program #1 (Berkeley)	19
Outpatient Program #2 (Berkeley)	3
Outpatient Program #3 (Berkeley)	3
Outpatient Program (Non-Berkeley)	2
Permanent (Section 8) Housing (Berkeley)	11
Permanent (Section 8) Housing (Non-Berkeley)	1
Residential AOD Treatment (Berkeley)	2
Residential AOD Treatment (Non-Berkeley)	3
Shelter + Care - in Berkeley	10
Shelter - Outside Berkeley	4
Shelter - in Berkeley	13
Transitional Housing (Berkeley)	8
AGE GROUP TOTAL	**95**

AGE: 31 - 40

	Frequency
Medical Care Facility #1 (Berkeley)	17
Medical Care Facility #1 (Non-Berkeley)	2
Medical Care Facility (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	33
Outpatient Program #2 (Berkeley)	3
Outpatient Program (Non-Berkeley)	1
Permanent (Section 8) Housing (Berkeley)	8
Residential AOD Treatment (Non-Berkeley)	3
Shelter + Care - Outside Berkeley	1
Shelter + Care - in Berkeley	13
Shelter - Outside Berkeley	3
Shelter - in Berkeley	11
Transitional Housing (Berkeley)	11
AGE GROUP TOTAL	**107**

AGE: 41 - 50

	Frequency
Medical Care Facility #1 (Berkeley)	17
Medical Care Facility #1 (Non-Berkeley)	1
Medical Care Facility #2 (Berkeley)	1
Outpatient Program #1 (Berkeley)	27
Outpatient Program #2 (Berkeley)	5
Outpatient Program #3 (Berkeley)	1
Outpatient Program #4 (Berkeley)	1
Outpatient Program (Non-Berkeley)	2
Permanent (Section 8) Housing (Berkeley)	5
Residential AOD Treatment (Berkeley)	4
Residential AOD Treatment (Non-Berkeley)	4
Shelter + Care - in Berkeley	11
Shelter - Outside Berkeley	2
Shelter - in Berkeley	7

BERKELEY "MEASURE O" MONITORING

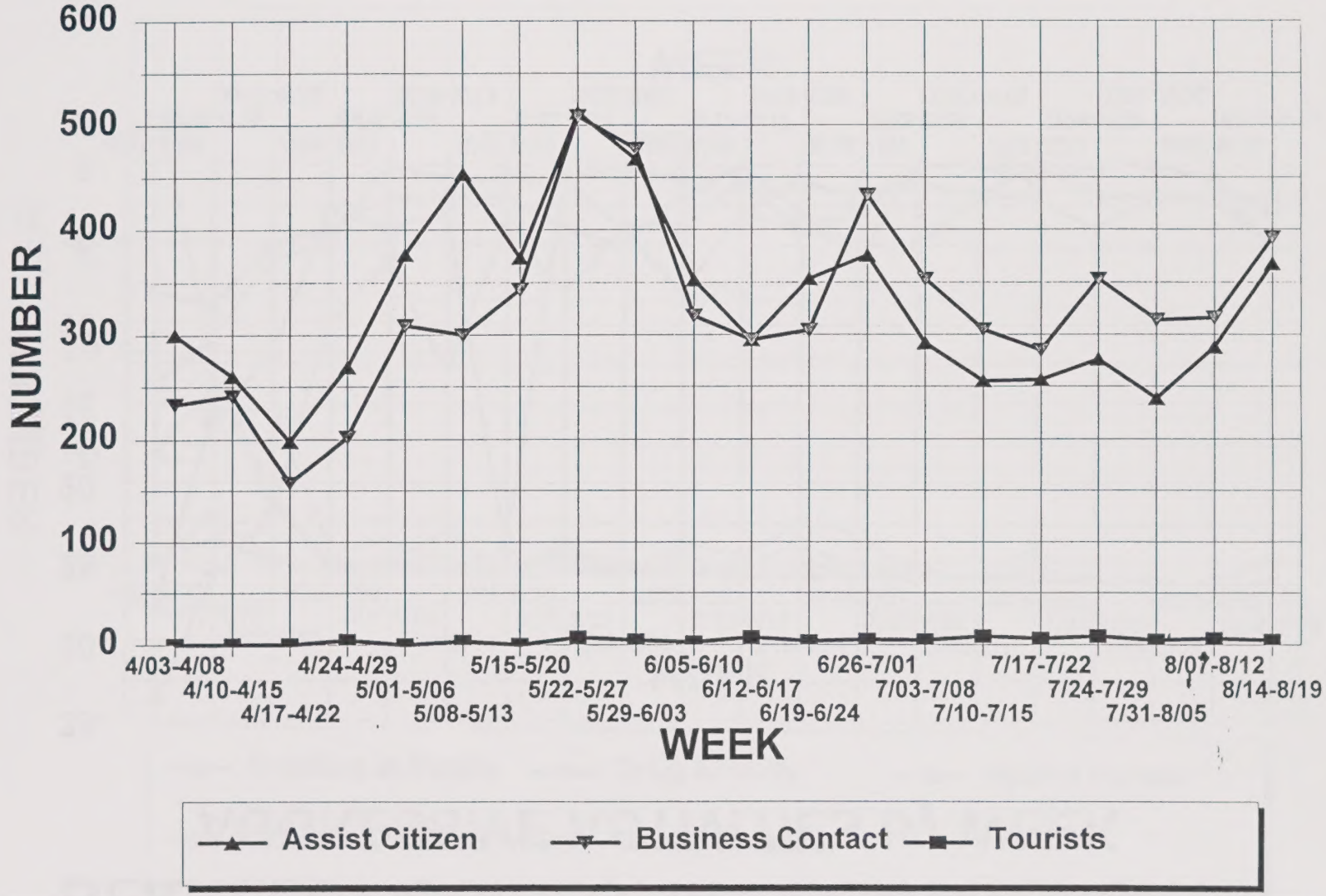
CLIENT REFERRAL TO, by AGE

AGE: 41 - 50	Frequency
Transitional Housing (Berkeley)	6
AGE GROUP TOTAL	**94**

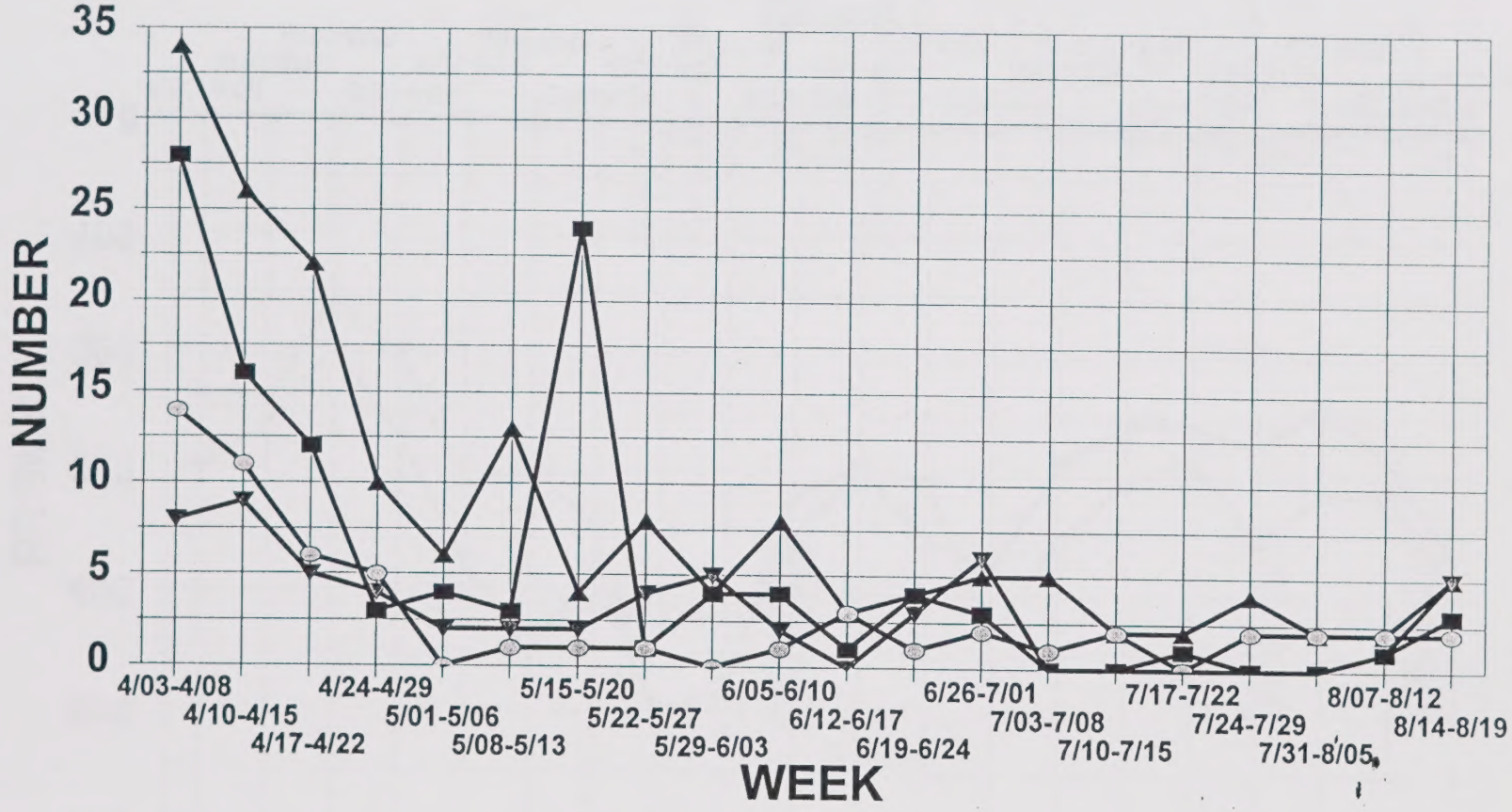
AGE: Over 50	Frequency
Medical Care Facility #1 (Berkeley)	3
Medical Care Facility #1 (Non-Berkeley)	2
Medical Care Facility #2 (Berkeley)	1
Medical Care Facility #2 (Non-Berkeley)	1
Outpatient Program #1 (Berkeley)	3
Outpatient Program (Non-Berkeley)	1
Permanent (Section 8) Housing (Berkeley)	3
Shelter + Care - in Berkeley	4
Shelter - Outside Berkeley	1
Shelter - in Berkeley	3
Transitional Housing (Berkeley)	2
AGE GROUP TOTAL	**24**

AGE: X-NA	Frequency
Shelter + Care - in Berkeley	1
Shelter - in Berkeley	1
AGE GROUP TOTAL	**2**
OVERALL TOTAL	**322**

BERKELEY GUIDES: INCIDENT REPORTS
CITIZEN AND BUSINESS CONTACTS by WEEK

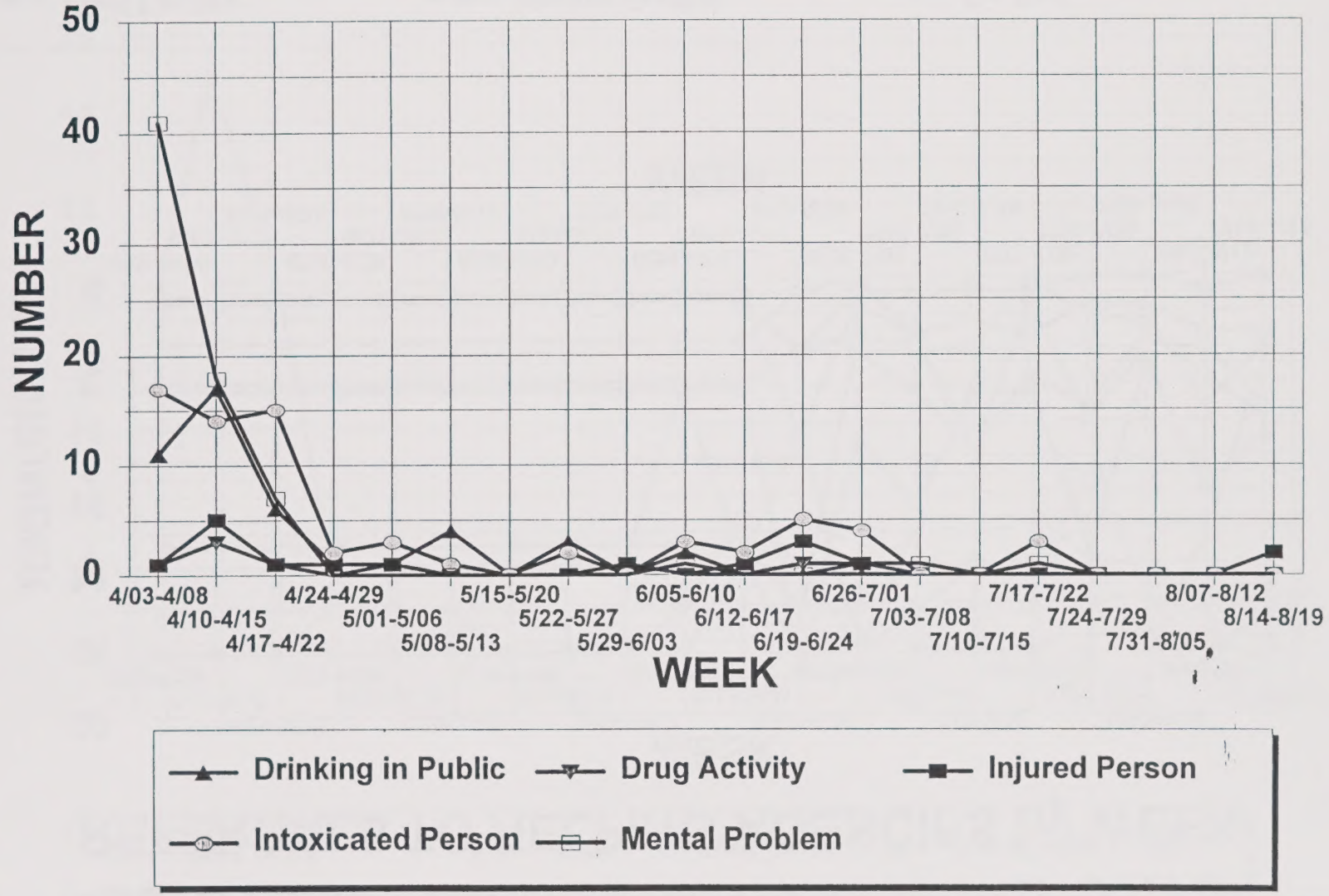


BERKELEY GUIDES: INCIDENT REPORTS
AGGRESSIVE ACTIVITIES by WEEK



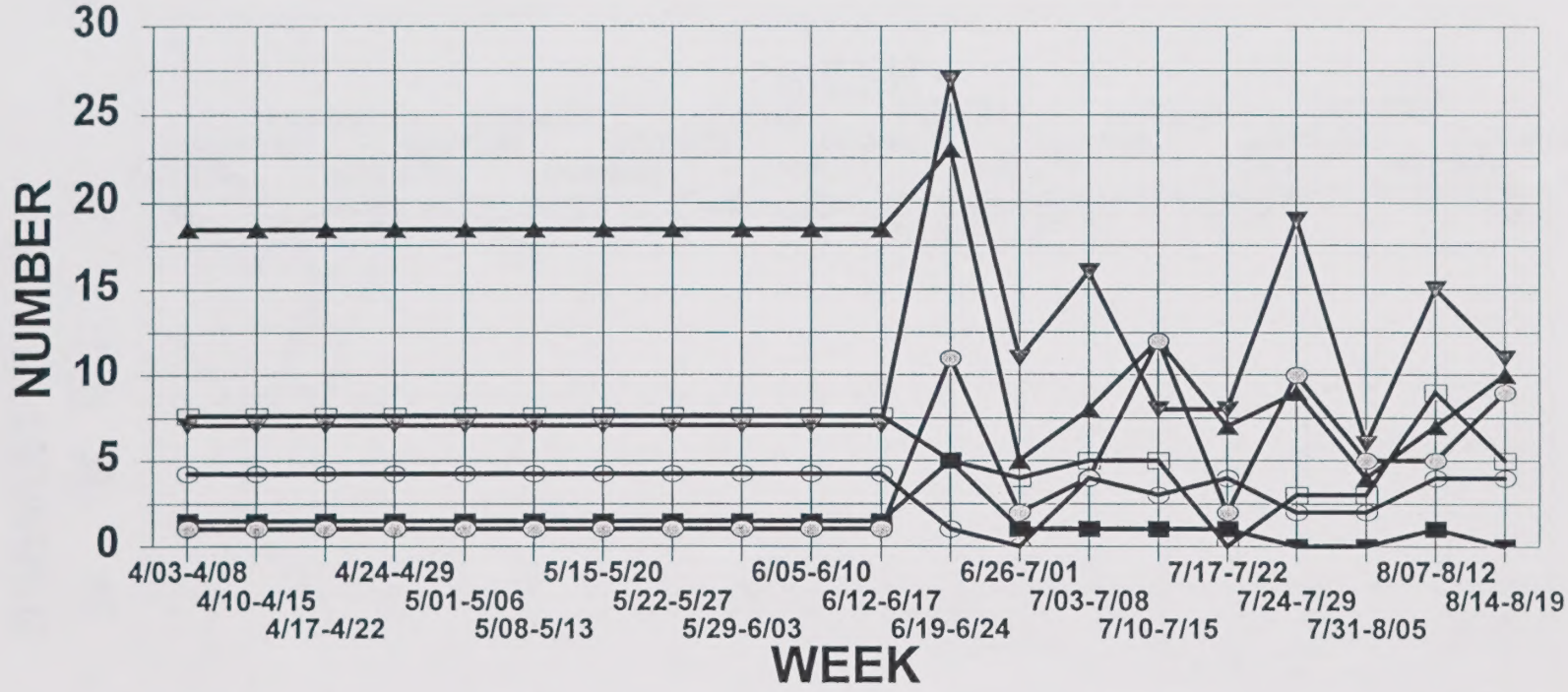
BERKELEY GUIDES: INCIDENT REPORTS

ALCOHOL, DRUG, & MH PROBLEMS by WEEK



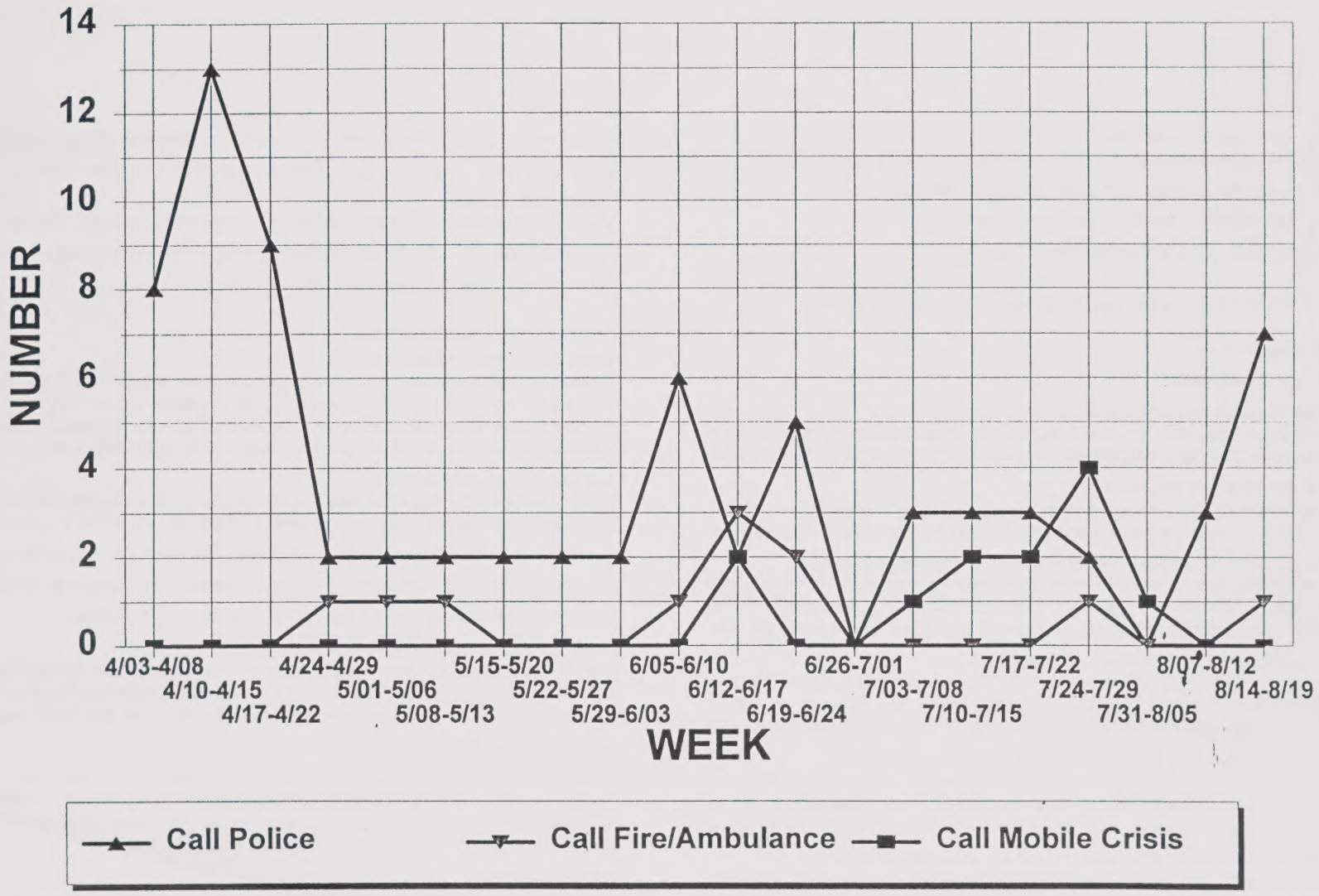
BERKELEY GUIDES: INCIDENT REPORTS

REFERRALS TO HELPING AGENCIES by WEEK



BERKELEY GUIDES: INCIDENT REPORTS

CALLS FOR SERVICE by WEEK



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REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE O

Proponents argue that this is a "progressive" measure. **In fact, it contains extremely repressive legislation that endangers all our civil liberties.**

Proponents claim this measure will target dangerous behavior. **In fact, it criminalizes the most harmless conduct such as sitting on a sidewalk if you're tired.** The service package masking this cruel legislation could easily be adopted by the City Council without enacting these repressive laws.

Proponents claim that Measure O will "create community standards for public solicitation." This ordinance would criminalize the act of a mother who, at 6:00 p.m. on a cold December evening, asks a passerby for money to provide food for her children. Does that reflect our community standards?

It's not the job of the police to keep us from being annoyed but to keep us safe. Much of the genuinely threatening conduct characterized as "intimidating street behavior" is already punishable by existing laws. **Bad laws won't make us safer.** They do provide full employment to lawyers fighting about their constitutionality.

Proponents imply this measure has the support of the social service providers who met to develop recommendations at the request of Mayor Leiter. In fact the majority of those providers **oppose** this measure.

The City Council has put this advisory measure on the ballot. It asks your opinion on a cynical trade off of services for laws which will make the lives of our most unfortunate citizens a little more miserable for years to come.

Advise them it's a bad idea.

VOTE NO on Measure O

s/Ursula Sherman, Founder and Past President, Berkeley Oakland Support Services

s/Nancy Skinner, Berkeley City Councilmember, 1984-1992

s/Sally L. Zinman, Coordinator, Berkeley Drop-In Center

s/boona cheema, Executive Director, Berkeley Oakland Support Services

s/Margaret M. Russell, Vice President, National American Civil Liberties Union, Professor of Constitutional Law

ARGUMENT AGAINST MEASURE O

This measure goes far beyond addressing "intimidating street behavior" — it includes extreme new ordinances that would make even the most passive and non-threatening behavior illegal.

Street musicians, panhandlers, religious organizations, and all people collecting for charitable causes would be required to be six feet away from buildings — out in the middle of the sidewalk blocking pedestrian traffic. The new law would prohibit not only speech, but even "gestures" and "signs" which ask for a donation.

This measure goes too far.

Measure O combines laws that discriminate against the poor with social service programs which the city council has already approved and agreed to fund. However, this proposal would make their pledge to provide needed social services contingent upon the enactment of these "poor laws".

Do you really think it should be illegal to sit on the sidewalk?

Should a person be punished for silently holding out an empty cup?

Should it be against the law to hold a sign that asks for a donation?

Outlawing harmless behavior doesn't make us safer, and it won't help those in need. Measure O will only embroil us in expensive constitutional challenges that will drain city resources.

Berkeley can take a more effective and responsible approach to problems on our streets. Using social services to reduce problematic street behavior would be a fine idea and should be implemented with the coorperation of the community. However, **this measure criminalizes harmless behavior and takes away the civil rights of the least fortunate among us.**

VOTE NO ON MEASURE O

s/Patricia H. Cody, Co-founder, Cody's Books

s/boona cheema, Executive Director, Berkeley Oakland Support Services

s/Wendy A. Georges, Client Services Director, Berkeley Emergency Food & Housing Project

s/Robin Lakoff, Professor of Linguistics, University of California

s/Michael T. Pachovas, former Chairperson, Commission of Disability

CITY ATTORNEY'S IMPARTIAL ANALYSIS OF MEASURE O

This Advisory Measure has been placed on the ballot by the Berkeley City Council. It asks the voters' opinion as to whether the Berkeley City Council should adopt a particular package of legislation to help people in need and reduce problematic street behavior on Berkeley streets. There are four major components of this package.

First, the proposed legislation would establish a "Multi-Service Program" to provide a range of services tailored for those persons who are exhibiting problematic street behavior linked to substance abuse, mental disabilities and the pressure of living on the streets. The programs would include psychological and social assessment and counselling, physical health assessment, and assistance in obtaining governmental benefits, among others.

Second, the proposed legislation would establish a Berkeley Guides Program to add trained personnel who would welcome visitors, inform people about what constitutes inappropriate behavior on the streets and facilitate the delivery of and access to social and police services. The staff would be linked by radio to beat police officers and would have the authority to obtain relevant social and police services to address problems observed on the streets.

Third, the City's existing program to encourage citizen donations in the form of vouchers for food, transportation and other similar services would be expanded.

The fourth and final component of the legislative package is the enactment of an ordinance with the following elements: it would prohibit solicitation (defined as asking for the immediate payment of money or goods) in public places in the following manner, times and locations: a) by coercing, threatening, hounding, or intimidating behavior; b) after dark; c) from persons exiting or entering automobiles; d) within ten feet of an automatic teller machine or within six feet of building frontage along the public right of way in commercial areas after being warned not to do so. Subject to certain exceptions, such as for medical emergencies, the ordinance would also prohibit sitting and lying on sidewalks within six feet of the face of any building fronting on the public right-of-way, in commercial districts during the hours of 7:00 a.m. and 10:00 p.m.

Although, for many years it has been unlawful under state law to accost another to beg, a federal trial court has found that law to violate the First Amendment because it singles out one type of solicitation (begging) and because it bans virtually all approaches to solicit at all locations and times and in all manners. Thus, currently there are no other laws to regulate the type of conduct regulated in the proposed ordinance that the Council is considering adopting.

The proposed Berkeley law assumes that begging is protected by the First Amendment, and thus applies to all solicitation for the immediate payment of money and goods, not just begging. Regulating the time, place and manner of First Amendment protected conduct, such as the solicitation of the immediate payment of money, is permitted under the First Amendment. The proposed ordinance will not regulate door to door solicitation which occurs on private property. During daylight hours the ordinance is expected to keep the vast majority of the public spaces open for solicitation. Violation of the ordinance is an infraction which is punishable only by a fine, not by incarceration, and in most cases requires a prior warning.

This measure is advisory only.

Financial Implications: $320,000 budgeted for the balance of FY 94-95 for the operation of the social programs.

ARGUMENT IN FAVOR OF MEASURE O

Berkeley prides itself on our vibrant community life. Yet this is threatened by serious problems on our public streets. We all want to enjoy Berkeley's theaters, shops, cafes and parks without fear of being harassed or accosted. Often, this is impossible. People not receiving adequate services and support to address mental disabilities, substance abuse or other problems also suffer when their only alternative is living on the streets.

There is a progressive solution. Measure O addresses the needs of all of us — whether we live on the streets or in homes.

A task force of social service providers, business people and community leaders recommended a combination of programs to address people's problems on the streets and create community standards for public solicitation. Advisory Measure O is based on these recommendations and a 7-1 vote of the City Council.

If Measure O passes, the program will:

- Provide daytime service centers with expanded counseling and referrals to health/mental health programs.
- Increase the effectiveness of our voucher program that directs donations to food and necessities, not drugs and alcohol.
- Establish a Berkeley Guides program, like the one in Portland, Oregon, to provide assistance to visitors, shoppers, and people who need referral to services.
- Establish reasonable community standards for commercial districts, including prohibition of soliciting when we feel most vulnerable — at night and within 10 feet of ATMs — and limit sitting, lying, or soliciting within 6 feet of building fronts during specified business hours.
- Accommodate needs of all persons on our sidewalks, including soliciting, sitting, lying, strolling, wheelchairs and shopping in all other places.
- Strengthen community standards to help those in need get services, rather than be neglected or treated as criminals.

This program combines services and standards critical to maintain our vital caring community. Vote YES on MEASURE O.

s/Jeffrey S. Leiter, Mayor of Berkeley

s/Loni Hancock, Mayor of Berkeley (1986-1993)

s/Russ Ellis, Vice Chancellor, University of California, Berkeley

s/Frances H. Townes, Board President, Ecumenical Chaplaincy to the Homeless

s/Guy T. Saperstein, Civil Rights Attorney

CITY OF BERKELEY ADVISORY MEASURE O

O **MEASURE O:** Shall a measure be adopted to advise the Berkeley City Council to implement legislation to reduce problematic street behavior by, among other things, establishing an integrated multi-service program to provide a range of social and health services to needy persons at existing program sites located throughout the City, and by enacting an ordinance to prohibit certain intimidating street behavior and to restrict solicitation at certain locations and times?

YES
NO

Financial Implications: $320,000 budgeted for operation of social programs for the balance of FY 94-95.

FULL TEXT OF MEASURE O

BE IT RESOLVED by the people of the City of Berkeley as follows:

Section 1. TITLE

This advisory measure shall be called "PROBLEMATIC STREET BEHAVIOR PREVENTIVE SERVICE PROGRAMS AND COMMUNITY STANDARDS ADVISORY MEASURE."

Section 2. FINDINGS

1. The City of Berkeley continues to demonstrate its commitment to Berkeley individuals and families in need by providing a broad array of social and health services, including emergency food and shelter, transitional and permanent housing, employment training and placement, service information and referral, outreach, crisis intervention, counseling, and mental health services.

2. A certain number of persons are presently unserved or require more intensive services than are currently available, or are resistant to such services.

3. Some people persist in acting in an aggressive and intimidating manner on our public streets, threatening this community's safety, thus requiring the City Council to take a measured approach which consists of the establishment of minimum community standards of acceptable behavior and programs that provide constructive alternatives to problematic street behavior.

Section 3. RECOMMENDATIONS FOR ACTION

1. Establish a Multi-Service Program to provide a range of services tailored to those persons who are exhibiting problematic street behavior linked to substance abuse, mental disabilities and the pressures of living on the streets. Such services should include psychological and social assessment and counseling, physical health assessment, and assistance in obtaining government benefits, among others. Such services should operate from existing sites located throughout the City of Berkeley.

2. Establish a Berkeley Guides Program, reflecting Berkeley's diversity, that would be used to welcome visitors, inform people about inappropriate behavior on the streets, increase the feeling of safety and friendliness on the street and facilitate the delivery of and access to social and police services. Such Guides should be linked by radio to beat officers.

3. Expand the existing voucher and donation program which provides the public with an alternative way to give donations, by using coupons for food and services rather than cash, as a positive alternative to giving cash which can be used for liquor or drugs and as a method of increasing funding to service providers.

4. Enact an ordinance that sets acceptable and reasonable community standards for street behavior such as prohibiting soliciting in a manner that coerces, threatens, hounds or intimidates the person being solicited; soliciting from any person entering or exiting an automotive vehicle, or within ten feet of any automatic teller machine, and

after dark. Such a proposed ordinance would also enact modest and measured standards for allocating space on the public sidewalks by reserving space within 6 feet of a building for pedestrian traffic, by prohibiting sitting, lying and soliciting activity within that designated area, while leaving the remaining area of the sidewalk free from such restrictions. Behavior in violation of these standards would be subject to the lowest sanction, an infraction which entails a fine or community service, but not incarceration. Except for hounding and threatening behavior and soliciting from persons entering or exiting automobiles, the ordinance would require a warning prior to any citation being issued. This ordinance would not go into effect until the social service programs described above are established and operational. A copy of the proposed Ordinance is attached hereto as Appendix 1.

APPENDIX 1

BE IT ORDAINED by the Council of the City of Berkeley as follows:

Section 1. That a new section is hereby added to Chapter 13.36, Title 13 of the Berkeley Municipal Code (Public Peace, Morals and Welfare), to read as follows:

13.36.015 Sitting and Lying on Public Sidewalks Prohibited When; Violation Constitutes Infraction

A. Prohibition. No person, after having been notified by a law enforcement officer that he or she is in violation of the prohibition in this section, shall sit or lie down upon a public sidewalk, or upon a blanket, chair, stool, or any other object placed upon a public sidewalk, within six feet of the face of any building fronting the right-of-way in any commercial zone in the City of Berkeley between the hours of 7:00 a.m. and 10:00 p.m.

B. Exceptions. The prohibition in Subsection A shall not apply under the following circumstances:

1. to any person sitting or lying down on a public sidewalk due to a medical emergency;

2. to any person who, as the result of a disability, utilizes a wheelchair or similar device to move about the public sidewalk;

3. to a child who is utilizing a stroller or similar device to move about the public sidewalk;

4. to a person authorized to ride a bicycle on the sidewalk pursuant to section 14.04.130 of this Code;

5. to any person who is a proprietor, patron or employee of an establishment or vendor, duly authorized by the City to conduct business in the public right-of-way.

Nothing in any of these exceptions shall be construed to permit any conduct which is prohibited by any other provision of law.

C. Penalty. Notwithstanding the provisions of section 13.36.100 any person who shall be convicted of a violation of Berkeley Municipal Code section 13.36.015 shall be guilty of an infraction and shall be punishable as set forth in Chapter 1.20 of this code.

Section 2. That Chapter 13.37 of Title 13 (Public Peace, Morals and Welfare) of the Berkeley Municipal Code is hereby added to read as follows:

Chapter 13.37

LIMITATION OF THE TIME, PLACE AND MANNER OF SOLICITATION FOR THE IMMEDIATE PAYMENT OF MONEY OR GOODS IN PUBLIC PLACES.

Sections:

13.37.010	**Definitions**
13.37.020	**Prohibited Acts**
13.37.030	**Violation- Penalty**

Section 13.37.010 Definitions

For purposes of this ordinance the following terms shall be defined as set forth in this section.

A. **"After dark"** means, any time from one-half hour after sunset to one-half hour before sunrise.

B. **"Coerces, threatens, hounds or intimidates the person solicited"** means soliciting another in any of the following manners:

1. The solicitor acts in a manner which would cause a reasonable person who was solicited to fear for his or her own safety. Factors to be weighed in determining whether the behavior would cause a reasonable person to fear for his or her own safety include but are not limited to, the making of threatening gestures, the proximity of the solicitor to the person solicited, the duration of the solicitation, making physical contact with the person solicited.

2. The person who solicits persists in following the person solicited closely, after the person being solicited has informed the solicitor by words or conduct that such person does not want to be solicited.

C. **"Public place"** means a publicly owned building and premises appurtenant thereto, any public park, sidewalk, or other right of way open to the general public and includes alleys, bridges, buildings, driveways, parking lots, parks, plazas, and streets. This ordinance does not regulate solicitation on private property.

D. **"Solicit"** means to ask for the immediate payment of money or goods, whether by words, bodily gestures, signs or other means.

E. **"Solicitor"** means one who solicits as defined herein.

Section 13.37.020 Prohibited Acts

A. It is unlawful for any person to solicit another in any public place at the times, locations and in the manner specified below:

1. In any manner which coerces, threatens, hounds, or intimidates the person solicited;

2. From any person entering or exiting from an automotive vehicle;

3. Within ten (10) feet of any automatic teller machine in the City of Berkeley;

4. Within six feet of the face of any building fronting the right-of- way in any commercial zone in the City of Berkeley;

5. After dark as defined in this ordinance. No person shall be cited or arrested for violation of subsections 13.37.020A(3), A(4) unless he or she has been first notified that he or she is in violation of the distance or time restrictions imposed by these subsections.

B. Non-exclusivity. Nothing in this chapter shall limit or preclude the enforcement of other applicable laws.

Section 13.37.030 Violation- Penalty

Any person who shall be convicted of a violation of any of the provisions of this chapter shall be deemed guilty of an infraction and shall be punishable as set forth in Chapter 1.20 of this code.

Section 3. Effective Date

This Ordinance shall become effective on January 1, 1995.

Section 4. Severability

If any provision of this Ordinance or application thereof is held to be invalid, this invalidity shall not affect other provisions or applications of this Ordinance which can be given effect without the invalid provisions or applications, and to this end the provisions and applications of this ordinance are severable.

REBUTTAL TO ARGUMENT AGAINST MEASURE N

Measure N's opponents are well-meaning but wrong.

Measure N did NOT come from politicians. It came from South and West Berkeley residents who want to enjoy their neighborhoods, take their children to the park, walk on the sidewalk. That's why neighborhood leaders from all of Berkeley support this Ordinance.

Measure N will NOT allow police officers to act on "hunches." ONLY specially trained officers may act, ONLY if there is reliable information or observation that drug dealing is occurring, and ONLY after a verbal warning is given. If you're unsure, read Measure N for yourself.

Measure N is NOT like so-called similar measures. It cannot be used against someone based upon appearance or "profile."The Council studied such ordinances and rejected them.

Measure N will be in effect for only 18 months. What happens as a result of the ordinance will be studied, and the public asked about how it was enforced. Measure N will automatically expire, unless Councilmembers vote to approve it again.

Police resources will not be diverted to enforce Measure N. Measure N is a Community Policing tool community and police can use together; if it needs some fixing, or doesn't work, it can be changed by a simple Council vote. Drug dealers need to get the message they are not welcome in Berkeley. Give **all** Berkeley neighborhoods a chance to be pleasant again. Berkeley can have tolerance and respect for others without being anyone's doormat.

VOTE YES ON MEASURE N! It's fair and needed.

s/Jim Smith, President, Black Property Owners Assn.

s/Susie P. Gaines, President, Neighborhood Assn.

s/Gerald Baptiste

s/Alfred C. Simmons

s/Mary L. Wainwright